PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

| | Reg. Dist. No. |
|--|---|
| 1. PLACE OF DEATH: County (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 3.2 How long in hospital or institution? 3. (a) FULL NAME | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Carry (If outside city or town limits, write RURAL and give nearest town) Street No. 32 (If rural, give LOCATION) 2.(a) If veieran, name war. 3. (b) Social Security Number |
| 4. Sei 5. Color or race 6.(a) Single, married, widowed, or divorced widowed | MEDICAL CERTIFICATION 20. Date of Death 9 1948 at 12:15 |
| 8. (c) Name of husband or wife 8. (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace Castol Co. min. 10. Usual occupation Research | and that I last saw h |
| 11. Industry or business E 12. Name Janue Barrier 13. Birthplace Carroll Go. Md. E 14. Maiden name Kitty Shipley 15. Birthplace Carroll Go. md. | Other conditions. (Include pregnancy within 3 months of death) Major findings of operations. Date of op. |
| Address / S. P. P. Que . Districtory 3 of 17 (Burial, cremation, or removal, Which?) Cemetery or crematory . Company . General director . M. J. | PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide |
| 19. (Date rec'd by registrar) Address (L) FA Trimster Cond Cond Cond Cond Cond Cond Cond Cond | 23. SIGNATURE DE C. Servelle Levo, M. D. or other Address. Machine Date signed 4 8 - 4 |

APR 12 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

| CERTIFICA | TE OF DEATH | Reg. Dist. No. |
|---|--|--|
| PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m | other) |
| City or lown (If outside city or town limits, write RURAL and give nearest town) How long in above piace of death? | Para la Francisco | write RURAL and give nearest town) |
| Hospilal, institution, or street address where death occurred: | Street No. (If rurat, give I | |
| How long in hospital or institution? | . 2.(a) It veteran, name war | 3. (b) Social Security Number |
| Janua Irom Banerlien | | none |
| 5. Color or race S.(a)Single, married, wildowed, or divorced | MEDICAL CE 20. DATE OF DEATH April 4 | RTIFICATION Belwege |
| 6.(b) Name of husband or wite | 21. I CERTIFY that death occurred on the date above | |
| 7. Birth date of | s and that I last saw halive on | |
| 8. AGE: Years Months Days Illess than one day | Immediate cause of death. | DUR |
| 0 2 23 | . / | |
| 9. Birthplace | Due to Offer Lespera | tory desion |
| 1D. Usual occupation | Due to | |
| = 12. Name James James Barrerlien | Dther conditions | |
| 14. Maiden name Thelma System 15. Birthplace Denna | (Include pregnancy within 3 m | |
| \$ 15. Birthplace | | Date of op |
| 16. Intermant. May Trum Danishien | Antopsy results | ch death should be charged statistically |
| Address Aregorial, Mail Date Ihereof (month) (day) (year) | 22. VIOLENCE: tf death was due lo external caus Accident, suicide, or homicide. | |
| Cemetery or crematory | Where did injury occur? | (County) (State) |
| Location Janey Coron Ma | Injured al home, farm, Industry, public place (who | Injured at work? |
| Address aneytown; m. | 23 STENATORS To Thorse A | Refuly The Sical acom |
| 19. april 37 19.47 Eitel W. Making | 1 Bolowester Th | M. D. or other |

MARGIN RESERVED FOR BINDING

A15 N

APR 7 1948

BUREAU Y K

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

HEALTH (1371)

CERTIFICATE OF DEATH

| RC | | | | 17 | 11 |
|----|------|-------|-----|----|----|
| | Reg. | Dist. | No. | | 7 |

| 1. PLACE OF DEATH: Carroll | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
|----------------------------|-------------------------|----------------|---|---|---|---|
| County Sykesville | | | | State Maryland County | | |
| City of towns | autoide situ or town li | mita write F | tURAL and give nearest town) | Da last warman | | |
| Now long in above place | e of death? I year | r, 8 d | ays | City or lown | write RURAL and give ne | arest town) |
| Hospliai, institution, o | r street address where | death occurred | 1: | 3318 Egerton Road | 1 | / |
| Springfiel | d State Ho | spital | *************************************** | (If rurai, give l | *************************************** | / |
| How long in hospital o | or Institution?I | ear, 8 | days | 2.(a) If veteran, name war | | / |
| 3. (a) FULL NAM | Mildred | Ethel | Beall | | 3. (b) Social Security | Number |
| 4. Sex female | 5. Color or race white | | e, married, widowed, or divorced | | ERTIFICATION | |
| 3. 002.0 | | | | 20. DATE OF DEATH April 18, | 19. 48 | |
| 6, (b) Name of husband | | 6.(| c) If allve, give ageyears | 21. I CERTIFY that death occurred on the date abov December 9, | 7 April 18 | eased from 3, 19.48 |
| deceased (mo., day, | yr.) Decemb | er l, | 1893 | Immediate cause of death | | |
| 8. AGE: Year | rs Months | Days | if less than one day | | | |
| 54 | 4 | 17 | hrsmln. | Multiple sclerosis w | with optic | |
| 3. Diringiace | none | county, and | | max etrophy | | 28 years |
| | •••••••••••• | ••••• | ······ | Due to | | *** |
| 11. Industry or busine | : 3 - T | D37 | | Psychosis asso | anistad with | *** *********************************** |
| 12. NameJ | udge Lemon | beall | | | | 0 |
| | Prince Geo | | | organicchanges of ner | vous system | 8 year |
| W As Maldan asset | Ann Regi | na And | erson | · · | | |
| 14. Maiden name | Ann Arun | del Co | untv | Major fiedings of operations | | |
| | | | | | Date of op | |
| | lospital re | | *************************************** | Autopsy results | | |
| Address Spr | ingfield S | tate H | ospital | PHYSICIAN: Please moderline the cause to wh | nich death shoold he charged | statistically. |
| B | ial | Date the | reol Cape. 21 1948 (month) (day) (year) | 22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide | | |
| Cemetery or crema | tory Dan | dsor | | Where did injury occur?(City or town) | | (State) |
| 6 | I. a. Co. | ma | | Injured at home, farm, Industry, public place (wh | here?) | |
| Location | | | | Misens of Injury | Injured at work? | |
| 18. Funeral director. | John O Entas | | hell Tono | | When I | 4.0 |
| 19 apr. | 18 19.48 | | Loren Hoes | 23. SIGNATURE. | M. D. | or other 4-18-48 |
| (Date rec'd by r | registrar) | , | Registrar | Address | Date signed | |



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 74

| | | | | | | reg. Diac. No | *************************************** |
|--|------------------|------------------|---|------------|--|--|---|
| 1. PLACE OF DEATH | | | | | 2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m | other) | |
| County or town. Hanryton, Md. City or town. Hanryton, Md. (If obtaide city or town limits, write RURAL and give nearest town) How long in above place of death? 2 month 29 days | | | State Maryland Countries Snow Hill (If outside city or town limits, | | | | |
| Hospital, institution, or street Maryland T How long in hospital or institution | address where | e death occurred | Sanatorium | n ryton | Street No. Market Street (If rurat, give L 2.(a) If veteran, name war. | OCATION) | ~ |
| 3. (a) FULL NAME | | ora Br | | | | 3. (b) Social Security | y Number |
| | Color or race | 6.(a)Singi | e, married, widowed, or divorce ngle | ed | MEDICAL CE | RTIFICATION | P 8, 12:30 |
| 6.(b) Name of husband or wi | ••••• | 6.(| c) If alive, give age | | 21. I CERTIFY that death occurred oo the date above 5 anuary 20 19.4 and that I last saw her alive on Apri | stated; that lattended dec April 1 18 | 18 19 48 |
| 8. AGE: Years | Months 6 | Days 26 | If less than one day | min. | Pulmonary Tuberculo | osis | July 1947 |
| 11. Industry or business | ne es Edw | ard Br | atten | | Due to | | |
| 13. Birthplace Sno | ver Co ow Hil | llick l Mar | | 1 | (Include pregnancy within 3 mo | Date of op | |
| Address Snow | Hill, | Md. | eof. | | PHYSICIAN: Please moderline the cases to white 22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide | ch death should be charge es, fill in the following: | d statistically. |
| Location | our lug | IVILLE V | Dennes | | Where did injury occur? | | |
| 19. April 1 (Date rec'd by registre | 8 19 4 | al Der | Lef R. Son | Registrar | 17 M7 | | |

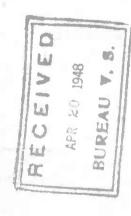
PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASÉ

RESERVED FOR BINDING

MARGIN



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

| | Kog. Diac. No |
|--|---|
| 1. PLACE OF DEATH: County Carroll | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) |
| Cily or town | Cliy or town (If outside city or town limits, write RURAL and give nearest town) Sireet No. |
| | (If rural, give LOCATION) |
| Now long in hospital or institution? | 2.(a) If veleran, name war |
| 3. (a) FULL NAME Sarah Jane Bro | 3. (b) Social Security Number |
| Jemale White Widowed, or divorced | MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE |
| 6.(b) Name of husband or wife Dernon & Brower 6.(c) If alive, give age years | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Chat Fals. 1846, to 246.6 1948 and that I last saw has alive on 256.6 1948. |
| T. Birlh date of deceased (mo., day, yr.) May 22, 1882 | Immediate vause of death DURATION |
| 8. AGE: Years Months Days If less than one day | Cerebral Hemorliage 5 days |
| 9. Birihplace (Town, county, and state) 10. Usuai occupation Little (Work) | Due to Carclis-Vosculus direve with hypertensies syens |
| 11. Industry or business Own home | Due to |
| E 12. Name Respect It. Reaves | Differ conditions Differ conditions |
| 13. Birthplace Marytant 14. Malden name Sarah C. Esti | (Include pregnancy within 3 months of death) |
| 14. Malden name Jarah C. Est. 15. Birtholace Maryland | Major findings of operations. Date of op. |
| 16. Informant Mrs Paul Blower | Actopsy resolts |
| Address laney over, Maryland 17 Burial (Burial, cremation, or remover) Which?) Date thereof (month) (day) (year) | 22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide |
| Cemelery or crematory Reformed Cemelery | Where did injury occur? |
| Location Canely town Maryland | injured at home. farm, industry, public place (where?) |
| 18. Funeral director COD First Word | Meens of Injury Injured at work? |
| Address Laney town, Maryland | 23. SIGNATURE CALLED M. D. or other |
| 19. april 7. 1947 Will M. Medrico | Address Westminster lad Date signed 7-8-48 |

BINDING FOR RESERVED MARGIN

UNFADING INK. Supply every item of ant. Physicians: please write the causes

SA

APR 12 1948

BUREAU V. S.

PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03712

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: | 2 LIGHT DECIDENCE (HOME) OF DECEASED. | | | | |
|--|---|--|--|--|--|
| County Carroll | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | | | |
| City or town Henryton, Maryland (If outside city or town limits, write RURAL and give nearest town) | State Maryland County | | | | |
| (If outside city or town limits, write RURAL and give nearest town) | City or town Baltimore | | | | |
| How long in above place of death? 1 month 16 days Mospital, Institution, or street address where death occurred: | (If outside city or town limits, write KUKAL and give nearest town) | | | | |
| Maryland Tuberculosis Sanatorium | Street No. 2219 Pennsylvania Ave. | | | | |
| How long In hospital or institution? Colored Branch, Henryto | (if rural, give LOCATION) 2.(a) If yeleran, name war | | | | |
| 3.(a) FULL NAME | 3.(b) Social Security Number | | | | |
| Notherial Brown | 219-07-1772 | | | | |
| Nathaniel Brown 4. Sex 5. Color or race 5. (a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION A | | | | |
| male col Married | 20. DATE OF DEATH. April 10, 1 19 48 5:10 | | | | |
| 6.(b) Name of husband or wife. Addie Brown | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from | | | | |
| 6.(c) If allive, give age 27 years | repruary 17 19 48 to April 10 19 4 | | | | |
| 7. Birth date of | and that I last saw h 1m alive on April 10 19 48 | | | | |
| deceased (mo., day, yr.) August 16, 1920 8 AGF: Years Months Days Itless than one day | Immediate cause of death | | | | |
| o. Ade. | Pulmonary Tuberculosis Dec. | | | | |
| 27 7 17hrsmin. | 1942 | | | | |
| 9. Birthplace Charlotte, T. Carolina (Town, county, and state) | Due to | | | | |
| 1D. Usual occupation Photographer | | | | | |
| 1D. Usual occupation | Due to, | | | | |
| 11. Industry or business | | | | | |
| 12. Name Edward Brown 13. Birthplace Charlotte, N. Carolina | Dther conditions | | | | |
| | (Include pregnancy within 3 months of death) | | | | |
| 14. Malden name Ella Fields 15. Birthplace Rennettsville, S. Carolina | | | | | |
| 15. Birthplace Bennettsville, S. Carolina | Major findings of operations | | | | |
| | Date of op. | | | | |
| 16. Informant Deceased | Autopsy results | | | | |
| Address | 22. VIOLENCE: If death was due to external causes, fill in the following; | | | | |
| (Burfal, cremation, or removal, Which?) Date thereof (month) (day) (year) | Accident, suicide, or homicide | | | | |
| | | | | | |
| Gemetery or crematory MA ANDRES | Where did injury occur? | | | | |
| Location Bacternine any | Injured at home, farm, industry, public place (where?) | | | | |
| 18. Funeral director Selv D. Kalson | Maans of Injury Injured at work? | | | | |
| 120B Resert 1 | 7 . 400 | | | | |
| Address 3 V / Now www v /dl | 23. SIGNATURE Carley TOP way m. D. | | | | |
| 19 April 10 19 48 albert R. Surantha | 4/201 | | | | |
| (Date rec'd by registrar) Local Deputy Registrar | TAddress Henryton, Maryland Date signed 4/10/ | | | | |



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

| - | | | | |
|--|---|---|--|--|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | | |
| County Carroll Henryton Maryland | State Waryland County | | | |
| City or town Henryton, Maryland (If outside city or town limits, write RURAL and give nearest town) | Cily or town | ******** | | |
| How long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) | | | |
| Maryland Tuberculosis Sanatorium | Street No. 649 W. Lee Street | / | | |
| How long In hospital or Institution? Colored Branch, Henryton | | | | |
| 3. (a) FULL NAME | 3. (b) Social Security Number | - | | |
| | 5. (0) Social Security Number | | | |
| Mary Elizabeth Bryant 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | Δ | | |
| 4, 664 | | D. e | | |
| female col Single | 20. DATE OF DEATH. April 21 19.48 , at 12 | :.30m | | |
| 6,(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from | 40 | | |
| 7. Birth date of Table 2 Table | Movember 17 19 47, 10 April 21 19 | 48. | | |
| 7. Birth date of deceased (mo., day, yr.) July 30, 1933 | and that I last saw h er alive on April 21 | | | |
| deceased (mo., day, yr.) JUTY 30, 1933 8. AGE: Years Months Days If less than one day | Immediate close of death | ATION + | | |
| o. roll | Pulmonary Tuberculosis Ser 194 | 15 | | |
| | | - | | |
| 9. BirthplaceBaltimore, Md | Que to | | | |
| 10. Usual occupation Scholar | | ••••••••••• | | |
| | Oue to | · · · · · · · · · · · · · · · · · · · | | |
| 11. Industry or business 12. Name Herbert Bryant | | | | |
| | Other conditions | • | | |
| 3 13. Birthplace Salters , S. Carolina | (Include pregnancy within 3 months of death) | | | |
| 14. Maiden name Sarah Buster | Major findings of operations | | | |
| 2 15. Birthplace Claremont , Virginia | Date of op. | | | |
| 14. Maiden name Sarah Buster 15. Birthplace Claremont , Virginia 16. Informant Deceased | Actopsy resolts | | | |
| Address | PHYStCIAN: Ptesse underline the cause to which death should be charged statistically | | | |
| 1 | 22. VIOLENCE: tf death was due to external causes, fill in the following: | | | |
| (Burial, oremátich, or removal. Which?) Date thereof (abouth) (day) (year) | Accident, suicide, or homicide | | | |
| Cemetery or crematory Petersburg | Whera did Injury occur? | | | |
| 01: -1 | Injured at home, farm, industry, public place (where?) | | | |
| 2 - () 0(-) | Means of Injury Injured at work? | | | |
| 18. Funeral direct Sarah & Brown & Louis | 2 0 (1100 | | | |
| Address Of Worning St, | 23. SIGNATURE Ruben Hoffman m.D. | | | |
| 19 April 21 19 48 albert R Swands | M. D. or other | | | |
| 19. April 21 19. 48 Control (Date rec'd by registrar) Local Deputy Registrar | Address Henryton, Maryland Date signed 4-21 | -48 | | |

Deputy

APR 22 1948

1

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

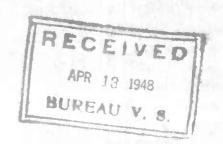
CERTIFICATE OF DEATH

Reg. Diat. No.....

| 1. PLACE OF DEATH: County | |
|---|--|
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Homer Buffington 4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced | 228-09-0121 |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION A |
| male col Married | 20. DATE OF DEATH April 8 19 48 15:10 |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 13 19 47 to April 8 19 48 and that I last saw him alive on April 8 19 48 Immediate cause of death. |
| 8. AGE: Years Months Days It less than one day | Pulmonary Tuberculosis Dec. |
| 47 1 14min. | 1946 |
| 9. Birthplace Georgia (Town, county, and state) 1D. Usual occupation Laborer 11. Industry or business 12. Name Dilard Buffington 13. Birthplace Georgia | Due to Other conditions |
| # 14. Malden name Mattie Gilmor | (Include pregnancy within 3 months of death) |
| 15. Birthplace Georgia | Major findings of operations |
| 16. Informant | Autopsy results |
| 17. Burial Date thereof April 12th 1948. (Burial, cremation, or removal, Which?) | 22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide |
| Cemetery or crematory | Where did injury occur? |
| Location Baltimore, "aryland | Injured at home, tarm, Industry, public place (where?) |
| 1B. Funeral directorJoseph L. Russ | Means of Injury injured at work? |
| Address 1200 McCulloh Street | 23. SIGNATURE Culter Hoffman, m.D. M. D. or other |
| 19. April 8 19. 48 Abrah (Date rec'd by registrar) Local Deputy Registrar | Address Henryton, Maryland Date signed 4/8/48 |

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legib

PLAINLY, WITH UNF is especially important.



2411 N. Charles St., Baltimore

| TEALTH | 6.0 |
|---------------|-----|
| 2 1 4 | |

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| 1.01 | | | | |
|------|------|-------|-----|---------|
| MO | _ | - | | 74 |
| 1 " | Reg. | Diat. | No. | 6 1 |

| CENTIFICAL | Reg. Diat. No | /.4 |
|---|---|---|
| 1. PLACE OF DEATH: county Carroll | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | |
| Henryton Maryland | State Maryland County | ************ |
| City or town Henryton, Maryland (If outside city or town limits, write RURAL and give nearest town) | Baltimore | |
| How long in above place of death? 3 month | (If outside city or town limits, write RURAL and give near | rest town) |
| Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium | Street No. 929 N. Mount Street | / |
| Colored Branch, Henryto | (If rural, give LOCATION) | |
| How long in nospital or institutions. | 2.(a) It veteran, name war | |
| 3. (a) FULL NAME | 3. (b) Social Security | Number |
| Anita Carter Corbin | 216-24-41 | 06 |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION | A |
| female col Separated | 20. DATE OF DEATH. April 5 19 48 | 1:45 |
| s (h) Merra at husband as wife Ellsworth Corbin | 21. I CERTIFY that death occurred on the date above stated; that I attended dece | ased from |
| 0.(0) Name of musually of wife | January 5 19 48 10 April | 5 19 48 |
| 7. Birth date of | and that I last saw h er alive on April 5 | 19 48 |
| deceased (mo., day, yr.) March 25, 1926 | Immediate cause of death | DURATION |
| 8. AGE: Years Months Days It tess than one day | Pulmonary Tuberculosis | Oct. |
| 22 0 11 min. | | 1947 |
| 9. Birthplace Baltimore Maryland (Town, county, and state) | Due to | 0.0000000000000000000000000000000000000 |
| 1D. Usual occupation | | |
| | Due to | |
| 11. Industry or business | | |
| 單 12. Name Clay Brooks Carter | Other conditions | |
| 13. Birthplace Morth Thumland Virgina | (Include pregnancy within 3 months of death) | |
| E 14. Maiden name Minnie Wutt | | |
| 5 Birthplace Worth Thumland. Virginia | Major findings of operations. | *************************************** |
| | Date of op. | |
| 16. Informant Deceased | Autopsy results | |
| Address | | |
| 17. Dural (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) | 22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide | |
| mar. Mar. | | |
| Cemetery or crematory. Alleman | Where did injury occur?(City or town) (County) | (State) |
| Location At, Aubur | Injured at home, tarm, industry, public place (where?) | |
| Wier H HOUND | Means of injury Injured at work? | |
| 18. Funeral director | 7 . (45. | |
| Address / 9 9 Messemma 1/1/1 | 23. SIGNATURE Cecleen Ademan m. | 0. |
| " April 5 " 48 all Sweethou | menryton, Maryland M.D. | 40/5/48 |
| (Date rec'd by registrar) LOCAL DEDULY Registrar | Address Date signed. | |

MARGIN RESERVED FOR BINDING

15 9.45-15M

PLEASE WRITE PLAINLY, is especially



2411 N. Charles St., Baltimore

correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PLEASE

(Date rec'd by registrar)

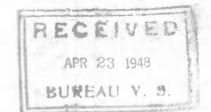
SA

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

03716

| 1. PLACE OF DEATH: County Database - (Revel) | 2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of State Co. | F DECEASED: mother Dausel |
|--|--|---|
| (If outside city or town limits, write RURAL and give nearest town) | City or town Outaless | o (Rual) |
| How long in above place of death? | (if outside city or town limit | s, write RURAL and give nearest town) |
| | Street No. (1f rurni, give | LOCATION) |
| How tong in hospital or institution? | 2.(a) tf veteran, name war | |
| 3. (a) FULL NAME Alorence a. Den | rdson | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL C | ERTIFICATION |
| H W mi | 20, DATE DE DEATH Offil | 20 A8 5:00a |
| 6.(b) Name of tropped or Edward To Savidson | 21. I CERTIFY that death occurred on the date ab | ove stated: that I attended deceased from |
| | 19, | 7 10 Ograf 20 19 21 0 |
| 7. Birth date of 1/1/2/21/21/0 | and that I tast saw h. 2. A. alive on | |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death | eru-Selvano 8 gens |
| 78 4 26 hrs. min. | - Caron and My | de la Villa de Villa de Jenni |
| 2701 | Bue to Congestant | Seart 1 |
| 9. Birthplace | Farlury. | 67111 |
| 1D. Usuat occupation. | Due to. | |
| 11. Industry or business | | |
| 12. Name Wah Gualier 13. Birthplace Md | Diher conditions | |
| | (Include pregnancy within 3 | months of death) |
| 14. Malden name Deleinda Mullas 15. Birthplace md | Major findings of operations | |
| 15. Birthplace | major nadings of operations. | |
| 16. Informant The Haudson | Antonav results. | |
| Address Uppered and | PHYSICIAN: Please underline the cause to w | hich death should be charged statistically. |
| 12. 1 apr 22/48 | 22. VIOLENCE: If death was due fo esternal ca | |
| (Burtal, cremation, or removal. Which?) Date thereof (month) (day) (year) | Accident, suicide, or homicide | |
| Cemetery or crematory. Wesley | Where did injury occur?(City or town) | (County) (State) |
| Location Church sto Mid | Injured at home, farm, industry, public place (v | |
| The Alles of Wileton | Means of Injury | tnjured at work? |
| Address / Hacerlastead Ma | 1 muin | a Cartin Sull |
| 4/21 UF Blue 1 | 23. SIGNATURE | 05 M.D.jor other |
| (Date rec'd by registrar) Registrar | Address Sygrvprote | 201 120 Date signed 4-20-4 |



MARYLAND STATE DEPARTMENT OF HEALTH

| 2411 N. Charles St., Baltin |
|-----------------------------|
|-----------------------------|

9400

03717

| CERTIFICAT | E OF DEATH Reg. Dist. No. |
|--|--|
| X. PLACE OF DEATH: County. | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants/give residence of mother) |
| City or town | State State |
| How long in above place of beath? Hospital, institution, or street address where years accounted: | City or town (If outside city or town limita, write RURAL and give nearest town) Street No. (If rural, give LOCATION) |
| How long in hospital or institution? Lays Comment Illian | 2.(a) If veteran, name war. |
| 3. (a) FULL NAME Robert El | a Deschon 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, Midowed, or divorced | MEDICAL CERTIFICATION 2D. DATE OF DEATH AND IN 19 48 21 6 PM |
| 6.(b) Name of husband or wife Magastt Borry | 21. I CERTIFY that death occurred by the date above stated: the lattended decrased from |
| 7. Birth dalo of deceased (mo., day, yr.) May 28 - 1873 | and that I last saw has realive on |
| 8. AGE: Years Months Days If less than one day | Coronary Throusan |
| S. Birthplace | Due Christian Selection 1 Dame |
| 10. Usual occupation. | Due to. |
| 11. Industry or business 7 | Other conditions (|
| 13. Birthplace | (Include pregnancy within 3 months of death) |
| 14. Maiden name | Major findings of operations |
| 16. Intermedia Margaril Ruskiant | Antopsy results |
| Address 14/03/Vorther 11/03/59/11/11 | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, cremation, or removal, Which?) (month) (day) (year) | Accident, suicide, or homicide |
| tocation Mexico Clar | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director FIFE Clovels M Ruly | Means of Injury 1) Injured at work? |
| Address NO M. Bhouldevil | 23. SIGNATURE H. M. Mastin M. O. |
| 19. (Date rec'd by registrar) 19. F. Registrar | Address Dy Burne Date signed 27/4/9 |

P.

3:25

| | CERTIFICAT | TE OF DEATH | Reg. Diat. No | 74 |
|--|--|--|--|------------------|
| County City or town Ir dutaide city or town limits, write RUF How long in above place of death? 2 nonth 5 Hospital, Instilution, or street address where death occurred: Maryland Tuberculodis How long in hospital or institution? Colored Br. | days Sanatorium | Street No. | mother) redericle P.O. Tuscaro: ts, write RURAL and give nes | ra , Md |
| 3. (a) FULL NAME | | | 3. (b) Social Security | Number |
| Apnie Eliz | abeth Diggs | | | |
| | narried, widowed, or divorced | MEDICAL C | ERTIFICATION 4 | 8, 3: |
| 6.(b) Name of husband or wite William Digg 6.(c) 1 7. Birth date of deceased (mo., day, yr.) June 2, 1919 | zs | 21. I CERTIFY that death occurred on the date ab February 11 | ove stated: that lattended dece 48 to April | 16 ₁₉ |
| 8. AGE: Years Months Days | It less than one dayhrs min. | Immediate cause of death Tubercu | losis | June 1947 |
| 9. Birthplace Maryland (Town, county, and state) 10. Usual occupatioHousewife 11. Industry or business 12. Name Clarence Dyson 13. Birthplace Maryland | | Due to | | |
| 14. Maiden name Wora Dimess | | (Include pregnancy within 8 | | |
| 16. Informant Deceased | , | Autopsy results. PHYSICIAN: Please underline the cause to w | | |
| Address 17. Date thereof (Burisl, cremation, or removal Which?) Cemetery or crematory | month (day) 1948 Drehagala | 22. VIOLENCE: tt death was due to external ca Accident, suicide, or homicide Where did injury occur? | Date of | |
| Location B. Land College B. Funeral director B. Land B. Address College B. Land B. Address College B. Addres | Injured at home, farm, industry, public place (vitaments) Misans of injury | Injured at work? | n 2) | |
| 19. April 16 19 48 Albus (Date rec'd by registrar) | PRINTLY Registrar | 23. SIGNATURE RULEUM Address Henryton, Mary | M. D. | |

M

age

MARGIN RESERVED FOR BINDING

Registrar Address Henryton, Maryland Date signed 4/16/48



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PLEAS

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1: PLACE OF DEATH:

County....

Carroll

MARYLAND STATE DEPARTMENT OF HEALTH

| | 2411 | N. | Charles S | t., Balt | imore | 92 |
|-----|------|----|-----------|----------|-------|----|
| CER | TIE | FI | CATE | OF | DEATH | 1 |

| St., Baltimore 928 | 03719 | 74 |
|--|---|---|
| E OF DEATH | Reg. Diat. No | |
| 2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n | DECEASED: | |
| State Maryland Coun | ıly - | *************************************** |
| City or town Baltimore (If outside city or town limits, | write RURAL and give nea | rest town) |
| Street No. 4502 CarleviewR. (If rural, give I | oad. Balto. 7 | |
| 2.(a) It veteran, name war. | *************************************** | |
| | 3. (b) Social Security 1 | Number |
| MEDICAL CE | RTIFICATION | |
| 20. DATE OF DEATH April 21 | 19 118 | ath: 07 D.M |
| 21. I CERTIFY that death occurred on the date abov January 15194 | | |
| and that I last saw h im alive on Apri. | 1 21 | 19.48 |
| Immediate cause of death | | DURATION |
| Arteriosclerosis | | 3 years |
| | | ********************** |
| Due to | | *************************************** |
| | *************************************** | ********************** |
| Oue to | odowowa Toft | ••••••••••••••••••••••••••••••••••••••• |
| Mitral insuffic | | 3 |
| Other conditions sided paresis; | 1 d - | |
| Left sided ing | onths of death) | ? |
| Major findings of operations. | | |
| | Date of op | |
| | | |

Date signed 4/21/48

| City or town Sykesyille (If outside city or town limits, write RURAL and give nearest town) | State Maryland County | | |
|---|---|--|--|
| How long In above place of death? 6 months, 10 days Hospital, Institution, or street address where death occurred: Springfield State Hospital | City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 4502 Carleview Road, Balto. 7. (If rural, give LOCATION) | | |
| How long in hospital or institution?6months, 10days | 2.(a) It veteran, name war | | |
| 3. (a) FULL NAME Ender, Edmund Ambrose Ender 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced | 3. (b) Social Security Number | | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male white married | MEDICAL CERTIFICATION 20. DATE OF DEATH | | |
| 6.(b) Name of husband or wife Elizabeth Samuel, Ender 6.(c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) April 10, 1852 | 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from January 15 1948 to April 21 19 and that I last saw h im alive on April 21 19 Immediate cause of death DURA | | |
| 8. AGE: Years Months Days It less than one day 96 0 11 hrsmin. | Arteriosclerosis 3 ye | | |
| 9. BirthplaceBerlin, Germany (Town, county, and state) 10. Usual occupationretiredclothingsalesman 11. Industry or business ——————————————————————————————————— | Oue to | | |
| 16. Informant Records of Springfield St. Hospital | Autopsy results. — — — — — — — — — — — — — — — — — — — | | |
| Burial Date thereof April 26,1948 (Burial, cremation, or removal. Which?) Cemetery or crematory. New Haven Conn. 18. Funeral director. | 22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide | | |
| Address 4510 Liberty Heights Ave. 19. 493 19. 8 Al Hedrick (Paty rec'd by registrar) 19. Registrar | 23. SIGNATURE Martin Gross, M. D. M. D. or other Address Sykesville, Maryland Date signed 11/21/1 | | |

PLEASE WRITE PLAINLY is especially

9-45-15M

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

() 3720 g. Diat. No.

| | Reg. Dist. NoQ |
|--|---|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
| How long in hospital or institution? | 2.(a) If veteran, name war. |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Male While Married, widowed, or divorced | MEDICAL CERTIFICATION 20. DATE OF DEATH A SALL CONTROL 1948 21/6:20 N |
| 6.(b) Name of huckand or wite Marij Signature | 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from |
| 7. Birth date of deceased (mo., day, yr.) willy 17 - 1867 | and that I last saw h. Maralive on a fame 6 19 4 8 |
| 8. AGE: Years Months Days If less than one day 20 | Immediate gause of death DURATION 2 7/10 f |
| 9. Birthplace (Town, county, and state) | Due to |
| 10. Usual occupation | Due to. |
| 11. Industry or business | |
| 12. Name A harandard 13. Birthplace | Other conditions |
| | (Include pregnancy within 8 months of death) |
| 14. Maiden name 2 was a sure of Sure Sure of Sure Sure of Sure Sure of | Major fiediogs of operations. |
| 15. Birthplace I Rafing Cand | Date of op. |
| 16. Informant Me following . I the found to have been started to the following . | Actorsy results. PHYSICIAN: Please noderline the cause to which death should be charged statistically. |
| Address files Waldson man | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Bufial, cremetion, or removal, Which?) Date thereo (month) (oay) (year) | Accident, suicide, or homicide |
| Cemetery or cremators I hope the hope of the contract of the c | Where did injury occur? |
| Location Salas of Add the form of the first | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director de la financia del financia del financia de la financia de l | Means of Injury Injured at work? |
| Consission Sunger Their Com dans Me | 23 STORE TOWARD M. N |
| 19. OH 8 GRANDS Registrar Registrar | Westernetes Med Date signed for 7/48 |

APR 10 1948

BUREAU Y. S.

PLEASE

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| | | | | : |
|----------|-------|------------|----|--------|
| MARYLAND | STATE | DEPARTMENT | OF | HEALTI |

2411 N. Charles St., Baltimore

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| 1 | 8 | - 12 1 |
| 1 | 6 | a |

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: Carroll | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | | | |
|--|------------------------|----------|---|--|---|---|--|--|
| Sykesville | | | | state Maryland county Frederick | | | | |
| City or town | | | RURAL and give nearest town) | Emodemiels | | | | |
| How long in above place of death? 27 years | | | ars | City or town (If outside city or town limits | , write RURAL and give ner | areat town) | | |
| Hospital, Institution, or street address where death occurred: | | | d: | Street No. | Street No. | | | |
| Springfield State Hospital | | | | . (If rural, give | | | | |
| How long in hospital | or Institution? | 27 | years | 2.(a) If veteran, name war | 2.(a) If veteran, name war. | | | |
| 3. (a) FULL NAM | | | | | 3. (b) Social Security | Number | | |
| | | IER, Ja | | | | | | |
| 4, Sex | 5. Color or race | | e, married, widowed, or divorced | MEDICAL CE | MEDICAL CERTIFICATION | | | |
| male | white | SI | ngle | 20. DATE OF DEATH APRIL 19 | 1.8 | . 0 55 P. | | |
| | | | | | | | | |
| 6.(b) Name of husban | d or wile | o-omb | | 21. I CERTIFY that death occurred on the date abo | | | | |
| | TO any 170 Miles | 6.0 | c) If alive, give ageyea | September 1, | to APFILL 12 | 1940 | | |
| 7. Birth dale of | | | | and that I last saw h imalive on Apri | 1 19. | 1940 | | |
| deceased (mo., day, | | | | Immediata cause of death | | | | |
| 8. AGE: Yea | | Days | If less than one day | Chronic myocarditi | LS | 10-20 yrs | | |
| 91 | 9 | 8 | | | | | | |
| 9 Rirthniace FT | ederick, Fr | rederic | k, Maryland | Due lo Arteriosclerosis | | | | |
| | | | | | *************************************** | 21 yrs | | |
| 1D. Usual occupation | Fireman | l | | Due In | | | | |
| 11. Industry or busine | 829 | | | Jaundice (Liv | er carcinoma? | 3 months | | |
| | | er . | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Ditter conditions Fracture of femur 2 Weeks | | | | |
| | Md. | | | (Include pregnancy within 3 months of death) sclerosis 2lyrs | | | | |
| ER | Maria ? | > | | (Include pregnancy within 3 m | nonths of death) scler | osis 2lyrs | | |
| 14. Malden name | Md. | | | Majar findings of operations | | | | |
| ≥ 15. Birthplace | Mille | | | Date of op. | | | | |
| 16 Informant Reco | ords of Spi | ringfie | ld State Hosp. | Autopsy results | | *************************************** | | |
| | | | | PHYSICIAN: Please anderline the cause to wh | ich death should be charged | statistically. | | |
| Address | Sykesvill | | 0.0 | 22. VIOLENCE: If death was due to external cause | ses, fill in the following; | 1 , , | | |
| 17. Bull | on, or femoval. Which? | Date the | (month) (day) (year) | Accident, suicide, or homicide | | 4/5/48 | | |
| (Burial, crematio | on, or femoval. Which? | no. | (month) (day) (year) | Show at the same of the same o | Gill State He | 1. Carriel Co. | | |
| Cemetery or crema | tory /// | Killing | + andley | | (County) | (State) Ind. | | |
| Location Att | Much | m | | Injured at home, farm, industry, public place (wh | ere?) | * p | | |
| Locationage | 18/2 | BD | ety es | Means of Injury Jele- | | V | | |
| | 0 | . / | To | | Gross, M | · D . | | |
| Address Q | Krederes | | uef. | - 23. SIGNATURE Martin Gross | , M.D. | *************************************** | | |
| 19 afr. 0 | 20 19 H } | 1 6 | Harry Wen | Sykesville, Md M.D. or other 4-19-48 | | | | |
| (Date rec'd by r | egistrar) | | Registra | Address | | | | |

APR 22 1948

BUREAU V. S.

WRITE

PLEASE

A15 VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03722

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| 0.0 | Dine | No | |

| CERTIFICAT | TE OF DEATH Reg. Dist. No. 79 | | | |
|---|--|--|--|--|
| County | 2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State | | | |
| 4. Sex 5. Color or race Widower ### ### ### ### #################### | MEDICAL CERTIFICATION 20. DATE OF DEATH A A A A | | | |
| 6.(b) Name of husband or wife Sarah Ellen Fox 7. Birth date of deceased (mo., day, yr.) Jan.6, 1862 8. AGE: Years Months Days it less than one day 86 3 3 hrs. min. 9. Birthplace | 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19 | | | |
| Address Keymer, Md. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Keysville Location Keysville, Md. | Autopsy results | | | |
| 18. Funeral director C.O. FUSS & SON Address Taneytown, Md. 18. Funeral director C.O. FUSS & SON Taneytown, Md. 18. Funeral director C.O. FUSS & SON Taneytown, Md. 18. Funeral director C.O. FUSS & SON Taneytown, Md. 18. Funeral director C.O. FUSS & SON Taneytown, Md. 18. Funeral director C.O. FUSS & SON Taneytown, Md. | 23 SIGNATURES D. HZEGG | | | |

APR 12 1948

BUREAU V. S.

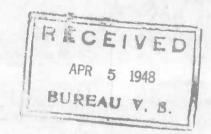
9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

| | Nog. Dist. No. A. |
|--|---|
| 1/PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants givo residooco of mothor) State M |
| City or town | City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 2 8 (If rural, give LOCATION) |
| How long In hospital or Institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME mary Etta Fribe | rtshauser 3. (b) Social Security Number |
| 4. Sex 5. Color of race G.(a)Single, married, widowed, or divorced Widow | MEDICAL CERTIFICATION 2D. DATE OF DEATH. 194 8 at 1:37 A |
| 6.(b) Name of husband or wife. Oddarra G. Fashertakauser 6.(c) If alive, give age years | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 7. Birth date of deceased (mo., day, yr.) Feb. 22. 1865 8. AGE: Years Months Days If less than one day | Immediais cause of death DURATION DURATION Aveelos |
| 9. Birthpiace Coassoll Coassoll (Town, county, and atate) | Due 10 Cerebral Grennon Diage Dinech |
| tD. Usual occupation | Due to |
| 12. Name January Janua | Dther conditions |
| 14. Maiden name Mary & Lockeard 15. Birthplace Coassoll leo. Med. | (Include prognancy within 3 months of death) Major findings of operations. |
| | |
| Address & & Church St. Westminster, nd. | Autopsy results. PHYStCIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year) | Accident, suicide, or homicide |
| Location Westernesser, Constituting | Where did Injury occur? |
| 18. Funeral director A. J. and Band Band | Meens of Injury Injured at work? |
| Address a) formunation of the distance of the second of th | 23. SIGNATURE M. D. or other |
| 19. The resistant of th | Address Male stends of Date stends |



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PLEASE WRITE

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

TIFICATE OF DEATH

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| | | | CERTIFIC | ATE OF I | DEATH | Reg. Diat. | No | |
|--|--------------------|------------|---|---------------------|---|---|---|--|
| PLACE OF DEAT | rgan | arrol | *************************************** | (For ne | RESIDENCE (HOME wborn infants give residen yla nd | E) OF DECEASED: co of mother) County Carrol | 1 | |
| City or town | | | | | City or town Morgan (If outside city or town limits, write RURAL and give nearest town) RuralWoodbine Street No. (If rurai, give LOCATION) | | | |
| How long in hospital or le | nstitution? | | | 2.(a) It velera | an, name war | | | |
| 3. (a) FULL NAME | | LEV | I D. FRIZZE | ELL | | 3. (b) Social Se | curity Number | |
| 4. Sex | 5. Color or race | | married, widowed, or divorced | | | CERTIFICATIO | | |
| Male | White | | lowed | 2D. DATE DE D | EATH apri | 194 1 | 48 AP. | |
| | iseu | 6.(c) | Frizzell | | that death occurred on the da | te aboye stated; that I atten | ded deceased from | |
| deceased (mo., day, yr.) | 00 | | 9, 1847 | Immediate car | nse of death | 2 . 1/ | DURATION | |
| 8. AGE: Years | Months 5 | Days 10 | If less than one dayhrs. | a | ente (Dr. 3) | e des | 4/26 ~ | |
| 9. Birthplace | coll Co. Labore | Md a | tate) | Due to | ₩ A A A A | | 4,9 | |
| 10. Usual occupation 11. Industry or business | Retire | ed | *************************************** | Due to | | / L | | |
| | Jesse W. | Friz | zzell | Dither condition | Sauli | ly | *************************************** | |
| 12. Name | | arylar | nd | Diller Constitution | | / | *************************************** | |
| The state of the s | Rosar | nna De | emmitt | | (Include pregnancy with | | | |
| 14. Maiden name 15. Birthplace | Mε | arylar | nd | Major findings | s nf nperations | | _ | |
| Mrs | s. Albert | | | Antoney corn | lts | | р | |
| 16. Informant | Woodl | oine. | Md. | | Please underline the cause | | | |
| Address Buria | l Sam's (| Date fhere | 4-12-48 (month) (day) (year Brethren |) Accident, sulc | CE: If death was due to extern lde, or homicide ary occur? | Date | g; ol | |
| Cemetery or eremetery Denn: | ings Cari | roll (| Co. Md. | | City or to ne, farm, Industry, pub ^{li} c pla | | (State) | |
| Location | | M. Wai | | Means of Injur | | Injured at we | | |
| 18. Funeral director Address | | | ld, Md. | | 26. | Littly | Lu.D. | |
| 19 affect by Ferri | 12 19 48 | Edu | am Hew | 23. SIGNATUR | wwwind | sex Tud Date | M. D. or other | |

APR 15 1948

RUDEAU V. S.

BINDING

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e rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 2. USUAI. RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATHA (Kor newhorn infante give residence of mother) County..... (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits. Write RURAL and give nearest town) How long to above place of death?. Hospital, Institution, or street address where death-occurred: (If rural, give LOCATION) 2.(a) It veteran, name war...... How long in hospital or institution?. 3. (b) Social Security Number 3. (a) FULL NAME MEDICAL CERTIFICATION 7. Birth date of deceased (mo., day, yr.) OURATION Immediate vause of death It less than one day Days 8. AGE: Years Months 10. Usual occupation. 11. Industry or business 13. Birthplace (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the caose to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did injury occur?(City or town) (State) Injured at home, farm, Industry, public place (where?) Meens of triury Injured at work? 18. Funeral director ..

APR 7 1948
BUREAU V. 8.

information carefully of death clearly and Supply every item of ease write the causes ADING INK. Physicians: 1 important.

ARGIN RESERVED FOR BINDING

PLAINLY is especial

| | CERTIFICAT | TE OF DEATH | Reg. Di |
|----------------------------|------------------------------------|--------------------------|-------------|
| . PLACE OF DEATH: | <i>p</i> (| 2. USUAL RESIDENCE (HOME | |
| ity or town W & Landau St. | write RURAL and give nearest town) | State M.d. | County Gasa |

Hospital, Institution, or street address where death occurred:

| How long in hospital or | Institution? | | ************* | *** *********************************** |
|--|--------------------|-------------|----------------------------|---|
| 3. (a) FULL NAME | Lan | ıra | Isa | dore & |
| 4. Sex | 5. Color or race | 6.(a)Singi | e, married, widowe | d, or divorced |
| 7 | W | | arried | |
| 6.(b) Name of husband o | or wite Geor | El m | Jen) If alive, give ag | 763 |
| 7. Birth date of deceased (mo., day, yr | Feb. | 27 | | 887 |
| 8. AGE: Years | Months | Days | It less than o | ne day |
| 59 | / | 19 | hrs | mln. |
| 9. Birthplace | (Town, | county, and | | <i></i> |
| 10. Usual occupation | | wif | <u> </u> | |
| | | 60. | Grun | holtz |
| H 14. Maiden name | Emme | 20. | Ocech | L |
| 16. Informant Se | | 0 | - | |
| Address 1442 | iberty & | t. Win | Imm | to my |
| 17. Buri (Burial, cremation, | or removal. Which? | Date there | ent White | (day) (year) |
| Cemetery or cremator | Wirden | W. W. | ruce 6 | emeliza |
| Location Will | dimmel | | md. | |
| 18. Funeral director | Wank | and | toon | , |
| Address Web | Imimst | m, 1 | mot. | / |
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| | 3. (b) Social Security Number |
|--|--|
| enty | you |
| MEDICA | L CERTIFICATION |
| 20. DATE OF DEATH. afrie | 16 1948 at |
| 21. I CERTIFY that death occurred on the | date above stated; that I attended deceased from |
| Neps | 19.47, 10 apr 16 19.44 |
| and that I last saw h | afr 16/ 184 |
| Immediais cause of death | DIRATION |
| | |
| Due to Thermoloid a | relatio 1240 |
| | |
| Que to | |
| | |
| Other conditions | |
| (Include pregnancy wi | ithin 3 months of death) |
| Major findings of operations. | or |
| | Date of op. |
| | |
| Autopsy results. | 1 |

Injured at home, fagm, Industry, public place (where?) Means of Injury

Injured at work?

23. SIGNATURE,

Registrar

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PLEA



APR 21 1948

BUREAU V. S

NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

| | | | CERTIFICAT | TE OF DEATH | Reg. Dist. No | 74 |
|--|---|------------------|---|---|--|------------------|
| 1. PLACE OF DEATH: County Carroll City or town Sykesville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Springfield State Hospital How long in hospital or institution? | | | | 2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of State | mother) s, write RURAL and give new | arest town) |
| 3. (a) FULL NAME | GLEASON, | Frank | | | 3. (b) Social Security | Number |
| 4. Sex male | 5. Color or race white | | e, married, widowed, or divorced single | MEDICAL CI | ERTIFICATION 19.48 | ,at 5 , 30 P |
| 7. Birth date of deceased (mo., day, y | r.) NOV • 7 9 | 1.878 Days | or 1879 If less than one day | 21. I CERTIFY that death occurred on the date above the september 1 192 and that I last saw him alive on April Immediate cause of death Heart failure | 17 to April 16 | 19.48. 19.48. |
| 10. Usual occupation 11. Industry or business | 5 ansville, N (Town, o Foreman - s ichael Gles | Caske | t work | Due to Chromic myocardia Due to Dither conditions Ulcerative sto | | |
| 13. Birthplace 14. Maiden name 15. Birthplace | Julia Doj New York | rle | eld State Hosp. | Agitated depression (Include pregnancy within 3) Major findings of operations. | months of death) | 15 year |
| Address Syke | esville, Ma | Date ther A Mee | d eol Apr. 20 148 (month) (day) (year) | PHYSICIAN: Please underline the cause to w 22. VIOLENCE: If death was due to external can Accident, suicide, or homicide | (County) Injured at work? M. D. M. D. | (State) |



MARYLAND STATE DEPARTMENT OF HEALTH

03728

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: County | address where d | pits, write Ri | | State Marylar City or town (If outsi | nts give residence of a Cou Woodbin de city or town limits (If rural, give | mother) Carroll nty | |
|--|-----------------|-----------------|--|--------------------------------------|--|---|---------------------|
| 3. (a) FULL NAME | | HARVE | EY G. HAINES | | | 3. (b) Social Security | Number |
| | Vhite | | married, widowed, or divorced | 20. DATE OF DEATH | | ERTIFICATION 2 19 48 | -1.8,259 |
| 6.(b) Name of husband or wife decased (mo., day, yr.) | ased | | A. Haines Olf alive, give ageye 25, 1868 | rs and thet I last saw hda | ccurred on the date about 19. | ve stated; that I attended dec | eased trom 1.219.45 |
| 8. AGE: Years 79 | Months 5 | Days 17 | If less than one dayhrsm | Uressi | | | 0 / |
| 9. Birthplace | Retire | & Pap | ate) berhanger | Bue to Ghr: Gardio | rene RA | al Prophristis - for + lig scular diskers | & days |
| 12. Name | Ma | arvlar | id . | Other conditions | mipleg | in (st) | |
| 14. Maiden name | Ma | C. Bo arylar | | Major findings of operation | | nonths of death) | |
| 16. Informant Mrs. | | bine, | | Antopsy results | erline the cause to wh | aich death ahoutd be charge | |
| Burial (Burial, examation, or recember) Cemetery as assemblery Mt. Ai: | Pin | | /-14-48 // (month) (day) (year) // Co. Md. | Where did Injury occur? | (City or town) | ses, tilt in the following; | (State) |
| 18. Funeral director | (| C. M. | Waltz nfield, Md. | Meens of Injury 23. SIGNATURE | Stanley | nabill M. D | or other 4/13/48 |



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03729

CERTIFICATE OF DEATH

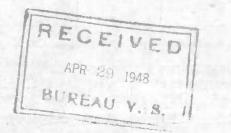
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|--|
| County. | State MA County Carroll |
| (If outside city or your limits, write RURAL and give nearest town) | |
| How long in above place of death? | (If outside cits or town limits, write RUKAL and give nearest town) |
| Hospitat, Institution, or street address where death occurred: | Street No. |
| | (If rural, give LOCATION) |
| How long in hospital or Institution? | 2.(a) It veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Mabel A Harman | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| of manuel | 10 015 0 10 10 10 10 10 10 10 10 10 10 10 10 1 |
| | 2D. DATE OF DEATH. 19.48, st. 1857. |
| B.(b) Name of husband or wife. | 21. I CERTIFY that death occurred to the date above stated; that lattended deceased from , |
| 7. Birth date of | EA (|
| deceased (mo., day, yr.) Clober 6, 1888 | and that I last saw h alive on 19 |
| 8. AGE: Years Months Days If less than one day | Improvate cause of death DURATION |
| 58 6 2hrsmin, | |
| Cassall Cornel. | Celle Jentral Humbred 131 am |
| 9. Birthplace (Town, county, and state) | Due 10. |
| 10. Usual occupation Amsump | 0.1- |
| 11. Industry or business | 008 10 |
| # 12 Name Chao. N. Myers | Other conditions |
| 12. Name Chao. W. Myers 13. Birthplace | |
| M CV S ATT | (Include pregnancy within 8 months of death) |
| 14. Maiden name. | Major findings of operations |
| E 15. Birthplace | Date of op. |
| 18. Informant Am Cy James | Autopsy results |
| Address Mestmusty md. | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 1. Bune 1 (hail 2/10) | 22. YIOLENCE: It death was due to external causes, till in the tollowing; |
| (Burial, cremution, or removal, Which?) Date thereof (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory Dans | Where did injury occur? |
| Location Taneston Wach | Injured at home, tarm, industry, public place (where?) |
| CA I | Means of injury Injured at work? |
| 18. Funeral director. | A) |
| Address aneyton Mas | Watter Base |
| aprel 216 48 mars att Charles | 23. SIGNATURE M. D. O |
| (Date rec'd by registrar) | Address Willewester Ned, Oate signed 4/19/48 |
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING

VS A15



2411 N. Charles St., Baltimore

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03730

CERTIFICATE OF DEATH

| | Reg. Dist. No |
|--|---|
| 1. PLACE OF DEATH: County. Carroll City or town. Sykesville. Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 10 yrs. 1 month 15 days Hospital, Institution, or street address where death occurred: Springfield State Hospital How long in hospital or institution? 10 yrs. 1 month 15 days | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County — — Galla Cily or town. Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 2907. Ohio Avenue (If rural, give LOCATION) 2.(a) If veteran, name war. |
| 3.(a) FULL NAME John Hettche, Jr. | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male white married | MEDICAL CERTIFICATION 20. DATE OF DEATH APRIL 28 19 48 212:16 p |
| 6.(b) Name of husband or wife Anna Hettche, dec. 7. Birth date of deceased (mo., day, yr.) December 2, 1878 8. AGE: Years Months Days It less than one day | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 13 1948 10. April 28 148 and that I last saw him alive on April 28 1948 Immediate cause of death Chronic myocarditis DURATION unkn. |
| 9. Birthplace Maryland (Town, county, and atate) 10. Usual occupation Laborer 11. Industry or business — — | Due to |
| 12. Name John Hettche 13. Birthplace Germany 14. Maiden name Louise Smith 15. Birthplace Germany 16. Bornday of Springfield St. Hospital | Dther conditions Prostatic hypertrophy several Alcoholic psychosis (Include pregnancy within 3 months of death) Major fieldings of operations Date of op. — — |
| 16. Interment Records of Springfield St. Hospital Address Sykesville, Maryland 17. Bural (Burial, cremation, or remove), Which?) Cemetery or crematory flower from the following formula (day) (year) Location Ballingore flower flow | Actopsy results |

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WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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| | | OERTII 1011 | Reg. Diat. No. |
|----------------------------------|--------------------------------------|---|---|
| 1. PLACE OF D | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| County | Carroll | | State Maryland County |
| City or town(11 | Sykesvill coutside city or town i | Elimits, write RURAL and give nearest town) | City er town. Baltimore (If outside city or town limits, write RURAL and give nearest town) |
| Reenital Institution | er street address where | death securred: | Street No. 5 N. Exeter Street |
| Spring | rfield Stat | e Hospital | Street No. 2 M. a. Carte Ut L. Cartellon (If rural, give LOCATION) |
| | | | |
| How long in heepifal | er Institution? | /// . | 2.(a) ff veteran, name war |
| 3. (a) FULL NAI | ME JOHN L. H | מון שנווק | 3. (b) Social Security Number |
| 4. Sex | 5. Color or race | 6.(a)Singla, married, widowed, or divorced | MEDICAL CERTIFICATION |
| M | W | Separated | 20. DATE OF DEATH A Bril 21, 19 48 at 2:25 P. M |
| 6,(b) Name of huebon | nd er wifeAddi | e Belle Cummings | 21. I CERTIFY that death occurred on the date above efated; that I attended decessed from |
| | | | March 22 19 48 10 4 pol 2/, 10 48 |
| 7. Birth date of | | | and that I last eaw h. im. alive on Afril 2 4 |
| deceased (mo., day | (.yr.) 9/21 | ./85 | Immediata causa of death BURATION |
| 8. AGE: Yes | are · Months | Daye ff leee than one day | Browhopiennovia 2 days |
| | 0 | Ohremin | ~ A . ~ ()) |
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| 9. Birthplace | Baltimore, | Maryland | Dorto. |
| | | | Disbette mellitye 121mo. |
| 18. Veual occupation | Account | ant | Severalized arterisallosis? |
| | unknown | | |
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| 12. Name | | lolthaus | Other conditions |
| 13. Birthplace | Maryland | | Psychosis with syphilitic meningo- ? |
| E | Bridget | McCall | enceptiague pregnancy within 3 months of death) |
| E 14. Maiden nam | 16101 | | Major findings of operations Mid Thigh emputation right leg |
| 14. Maiden nam 15. Birthplace | Maryland | | for diabetic gangrerel lete of op 3/23/48 |
| | | gfield State Hospital | Antopsy results. |
| | | | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address Syke | esville, Ma | ryland | 22. VIOLENCE: If death was due fe external causes, fill in the following: |
| . Buin | al | Bate thereof Jun, 23, 1948 (month) (day) (year) | |
| (Burial, cremati | on, or removal, Which | (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crem | Spine Spine | sfield | Whera did Injury eccur? |
| Cemetery or Crems | 1 ' 1 | 1. 70. 1 | |
| Lecation | Sycano | e ma. | Injured at heme, farm, Industry, public place (where?) Meane of injury Injured at werk? |
| 18. Funeral director | Otam | 1 / 100 | 1 14 1/ 0 1 10 |
| Address | Systesis | le md. | - 23. SIGNATURE Joseph Y. Marshall, 4.8. |
| 19. Gfs. (Date rec'd by | 22 registrar) 18 48 | Offany Neer Registra | Addres Springfell State Hoskital Bate eigned 4/21/48 |
| | | | UW - |

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WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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CERTIFICATE OF DEALE

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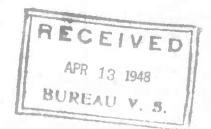
PLEASE

2411 N. Charles St., Baltimore

| 120 | Reg | Dist | No | 74 |
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| CERTIFICAT | E OF DEATH Reg. Diat. No. 74 | (000000 |
|--|--|-------------|
| 1. PLACE OF DEATH: County Carroll | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | |
| City or fown Henry ton Maryland (If outside city or town limits, Write RURAL and give nearest town) | State Maryland county Baltimore - 24- | |
| How long in above place of death? 12 Days | City or town. Baltimore - 24- (If outside city or town limits, write RURAL and give nearest town) | |
| Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanaforium | Street No. 1503 Swallow Circle | |
| How long in hospital or institution? Colored Branch | 2.(a) If veteran, name war | V |
| 3. (a) FULL NAME | | |
| JAMES EDWARD HUTCHINS | 3. (b) Social Security Number | |
| | 218-09-1621 | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | Α. |
| Male Colored Single | 2D. DATE DF DEATH. April 11. 19. 48. 21. 4:4 | 40 m |
| 6.(b) Name of husband or wite | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 29, 19.48 to April 11, 19 and that I last saw h im alive on April 11, 19 | 48 |
| deceased (mo., day, yr.) June 26, 1907 8 A.G.F. Years Months Days It less than one day | | ATION |
| o. Add. | Pulmonary Tuberculosis A | |
| 40 9 15min. | 19 | 38 |
| 9. Birthpiace Baltimore Maryland (Town, county, and state) | Due to | |
| 10. Usual occupation Laborer | | |
| | Due fo | |
| 11. industry or business | | |
| In Mame James Hutchins James Annapolis, Maryland | Other conditions | |
| | (Include pregnancy within 8 months of death) | |
| 14. Malden name Mary Smith 15. Birthplace Virginia | Major findings of operations. | |
| S 15. Birthplace Virginia | Date of op. | |
| 16. Interment Deceased | Antopsy results. | |
| Address | PHYSICIAN: Please underline the cause to which death should be charged statistically. | |
| 1 //- 201/ | 22. VIOLENCE: if death was due to external causes, fill in the following; | |
| (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (month) (day) (year) | Accident, suicide, or homicide | |
| Cemetery or crematory of Brand autren | Where did injury occur? | |
| not me | Injured at home, farm, Industry, public place (where?) | |
| Location Dall III To Make the control of the contro | Meens of injury Injured at work? | |
| 18. Funeral director | | |
| Address 3222 Dehouden St | 23. SIGNATURE Muleen Hoffman m.D. | |
| 19. April 11 19. 48 Local DeputyRegistrar Local DeputyRegistrar | Address Henryton, Md. Date signed 4-11- | -48 |

Local



9-45-15M

A15 VS PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

03733

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Carroll City or town Rural Westminster (If outside city or town limits, write RURAL and give nearest town) Street No. Route 6 (If rural, give LOCATION) 2.(a) If veteran, name war. NONE | | |
|---|---|--|--|
| 3. (a) FULL NAME | 3. (b) Social Security Number | | |
| Elizabeth Irwin Jef 4. Sea 5. Color or race 6.(a) Single, married, widowed, or divorced | | | |
| female 5. Color or race 6.(a)Single, married, widowed, or divorced white widow | MEDICAL CERTIFICATION 20. DATE OF DEATH April 20 1948 31 102a. M | | |
| 6.(b) Name of husband or wife Samuel Jefferis 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) January 4, 1869 | 21. I CERTIFY, that death occurred on the date above stated; that hattended deceased from 19 | | |
| 8. AGE: Years Months Days If less than one day 79 3 16 hrsmin. | Immediair cause of Geath Cerebral hempthage 2 day | | |
| 9. Birthplace | Oue 10 artheroschlerosis 3 to 5 | | |
| 10. Usual occupation | Due 10 | | |
| 11. Industry or business Harmon Part Irwin | Other conditions | | |
| 14. Maiden name Helen Boyle 15. Birthplace Maryland | (Include pregnancy within 3 months of death) Major findings of operations | | |
| 16. Intermant Miss Mary Cunningham | | | |
| Address Westminster, Md. 17 burial Date thereof (month) (day) (year) (Burial, cremation, or removal, Which?) | | | |
| Cemetery or crematory St. John's Catholic Cem. | Where did injury occur? | | |
| Location Westminster, Md. | Injured at home, farm, industry, public place (where?) | | |
| 16. Funeral director | Means of injury Injured at work? | | |
| 19. (Date rec'd by registrar) Nestminster, Md. 19. (Date rec'd by registrar) Registrar | 23. SIGNATURE M. D. protter Address Date signed Date | | |

RECEIVED

APR 22 1948

BUREAU W. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

| CERTIFICAT | E OF DEATH Rog. Dist. No | 14 | | |
|---|--|----------------------------|--|--|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State | | | |
| Hospital, Institution, or street address where death occurred: Springfield State Hospital How long in hospital or institution? 2 months 15 days | Street No. 3306 Hamilton Avenue (If rurat, give LOCATION) 2.(a) If veteran, name war. | | | |
| 3. (a) FULL NAME A DELAINE (DELINA) LANCE | 3. (b) Social Security Nu | mber | | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION 20. DATE OF DEATH. April 22 19.48 el | 1:45 P | | |
| 8,(b) Name of huebend or wife | 21. I CERTIFY that death occurred on the date above etated: that I attended deceased February 7, 19 48, 10 April 22, and that I last saw h. erallye on April 22, | d from 19. 48 19. 48 | | |
| 8. AGE: Yeare Months Daye If less than one day 67 0 17 hremin. | Immediate cause of death Psychosis with cerebral | DURATION | | |
| 9. Birthplace | Due to. | 4 yrs | | |
| 12. Name. Felone Civitarese 13. Birthplace Italy | myocardial degeneration (Include pregnancy within 8 months of death) | known Feb.7, 1948 | | |
| 15. Birthplace Italy 16. Informant Record, Springfield State Hospital | Major findings of operations | tistically. | | |
| Address Sykesville, Maryland 17. BURIAL Date thereof. APRIL 36 48 (Burlat, cremation, or removal. Which?) Cemetery or crematory. The Redeeming. Location. Belain. Ref. 18. Funeral director. Dany of Colonian Ref. Addrese 4101 Elsannessan Ref. | 22. VIOLENCE: If death was due to external cauces, fill in the following: Accident, suicide, or homicide | State) | | |
| 19. April 23.18 48 a. W. Hedrick (Date fee'd by registrar) Registrar | Addrese Sykesville, Maryland Date signed Applications | other /22/48 | | |

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MARYLAND STATE DEPARTMENT OF HEALTH

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| DEAT | 12 | | | | | | | | | | |
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| Compared to the state of the st | ins ligio, copiace of dealor. 5 p si, as futos, or lest address where Ser h occurred. |
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03735 eg. Diat. No. 76

| City or town Market Activities city or town limits, write NURAL and give nearest town) How long in above piace of death? How long in above piace of death? How long in above piace of death? How long in hospital or institution? 3. (a) FULL NAME Control of the piace of death? Street No. Control of the piace of death? (it rural, give LOCATION) 2. (a) It velocan, name war. 3. (b) Social Security Number 3. (c) Name of husband or wife. The control of death of diversed with the control of the death above states; that I attended deceased from the date ab | | OF DECEASED: | 2. USUAL RESIDENCE (HOME) (For newborn infants give residence of | 1. PLACE OF DEATH: |
|--|----|--|--|---|
| Now long in hospital or institution? 2.(a) III reteran, name war. | | ts, write RURAL and give nearest town) | City or town (If outside city or town lim Street No. Balton, B. | City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 4000000000000000000000000000000000000 |
| 4. Set 5. Color or race 6.(a) Single, married, vidowed or divorced WEDICAL CERTIFICATION 8. (b) Name of husband or wife 7. Industry of July 19. 4. Industry of July 19. 4. Industry of July 19. 4. Industry or business 1. Birth place 1. Industry or business 12. Name 7. Industry or business 12. Name 7. Industry or business 12. Name 7. Industry or business 13. Birthplace 1. Industry or business 14. Malden name 7. Industry or business 15. Birthplace 1. Industry or business 16. Industry or business 17. Birth place 1. Industry or business 18. Industry or business 19. Birthplace 1. Industry or business 10. Usual occupation. Industry or business 11. Industry or business 12. Name 7. Industry or business 13. Birthplace 1. Industry or business 14. Malden name 7. Industry or business 15. Birthplace 1. Industry or business 16. Industry or business 17. Birth date of death 1. Industry or business 18. Industry or business 19. Birthplace 1. Industry or business 19. Birthplace 1. Industry or business 10. Usual occupation. Industry or business 10. Usual occupation. Industry or business 11. Industry or business 12. Name 7. Industry or business 13. Birthplace 1. Industry or business 14. Malden name 7. Industry or business 15. Birthplace 1. Industry or business 16. Industry or business 17. Birth date of death 1. Industry or business 18. Address 5. 2. 2. 3. 0 or 0 o | | | 2.(a) If veteran, name war | How long in hospital or Institution? |
| 8.(b) Name of husband or wife. ### All Clis | | | Logue | 3.(a) FULL NAME Cleavie Elizabet |
| 5.(b) Name of husband or wife. ## 19. 4.0 19. 4.1 19 | | ERTIFICATION | | 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced |
| 8. (b) Hame of husband or wife. The Color of Society of | Z1 | 264 1948 11 9 9 | 2D, DATE OF DEATH Oferil | 7 W Widow |
| Second (mo., day, yr.) Self | 48 | ove stated; that I attended deceased from | 21. I CERTIFY that death occurred on the date a | 6.(b) Name of husband or wife Tham as a Loguel |
| 8. AGE: Years Months Days If less than one day 9. Birthplace Carry Months Days If less than one day 11. Industry or business 12. Name Holling Carry Carry Dither conditions 13. Birthplace Carry Carry Dither conditions 14. Malden name Date of op. 15. Birthplace Carry Carry Date of op. 16. Informant Mark Carry Carry Date of op. Address 52/2 Orwood Ore Ballo Material, cremation, or removal. Which? 17. Barting Carry Carry Date of common (day) (year) 18. Information, or removal. Which? 19. Date thereof. Carry Ca | | | and that I last saw h | 7. Birth date of 2 1 7 9 - 1872 |
| 1D. Usual occupation | | | Cerebral Hess | 8. AGE: Years Months Days It less than one day |
| 11. Industry or business 12. Name | ح | ular ab | | (10wh, county, and state) |
| 12. Name ### 12. Name ### 12. Name ### 12. Name ### 13. Birthplace Ganvel 60. Word. 14. Malden name ### 14. Malden name ### 14. Major fieldings of operations ### 15. Birthplace ### 16. Informant ### 16. Informant ### 16. Informant ### 16. Informant ### 17. Date of op. 16. Informant ### 17. Date of op. Autupsy results ### PHYSICIAN: Please underline the cause to which death should be charged statistically. 17. Date of op. 18. VIOLENCE: If death was due to external causes, fill in the following: 18. (Burial, cremation, or removal, Which?) 19. Date thereof. (Month) (day) (year) 19. Date of op. 20. VIOLENCE: If death was due to external causes, fill in the following: 21. Date of op. 22. VIOLENCE: If death was due to external causes, fill in the following: 23. Date of op. 24. Date of op. 25. Date of op. 26. Date of op. 27. Date of op. 28. Date of op. 29. Date of op. 29. Date of op. 20. Date of op. 20. Date of op. 20. Date of op. 21. Date of op. 22. VIOLENCE: If death was due to external causes, fill in the following: 25. Date of op. 26. Date of op. 27. Date of op. 28. Date of op. 29. Date of op. 29. Date of op. 20. Date of op. 20. Date of op. 21. Date of op. 22. VIOLENCE: If death was due to external causes, fill op. 23. Date of op. 24. Date of op. 25. Date of op. 26. Date of op. 27. Date of op. 28. Date of op. 28. Date of op. 29. Date of op. 20. Date of op. 20. Date of op. 20. Date of op. 21. Date of op. 22. VIOLENCE: If death was due to external causes, fill op. 23. Date of op. 24. Date of op. 25. Date of op. 26. Date of op. 27. Date of op. 28. Date of op. 29. Date of op. 20. Date of op. 21. Date of op. 22. VIOLENCE: If death was due to external causes, fill op. 24. Date of op. 26. Date of op. 27. Date of op. 28. Date of op. 29. Date of op. 20. Date of op. 20. Date of op. 20. Date of op. 20. | en | 44 | Bue to. | 1D. Usual occupation Morrel |
| 13. Birthplace Ganold Co. Dad of form dought 14. Malden name Many O. Orndought 15. Birthplace Titlestown, Pa. 16. Informant Many O. Balio Mad Address 5.2/2 Orwood Ove. Balio Mad (Bourial, cremation, or removal. Which?) 17. Burely Date thereof. Charles 129/1945 (Burial, cremation, or removal. Which?) 18. Birthplace Ganold Co. Charles Major fieldings of operations. (Include pregnancy within 3 months of death) Major fieldings of operations. Autupsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of | | | | 11. Industry or business |
| 14. Malden name Many Cl. Chind of Majur fieldings of operations. 15. Birthplace Italiatown, Pa. 16. Informant Mass Cagnie Co. Long Lib. Majur fieldings of operations. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: (Burial, cremation, or removal. Which?) Date thereof. Chind of Majur fieldings of operations. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Date of Date of Date of 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Date of Date of Date of | | | Dither conditions | 12. Name Henry B. Frank |
| Address 5:2/2 3 Orwood Ove. Balls had 11. Balls make the cause to which death should be charged statistically. 12. VIOLENCE: If death was due to external causes, fill in the following; (Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year) Date of | | | | M manage (a) (Phandas LA |
| Address 32/2 Orwood Ove. Balls had 22. VIOLENCE: If death was due to external causes, fill in the following; (Burial, cremation, or removal. Which?) Bate thereof. (month) (day) (year) Accident, suicide, or homicide | | Date of op. | Major Redugs of operations | 5 15. Birtholacen Titlestown, Pa. |
| Address 32/23 Gravord Cave. Ballo had 22. VIOLENCE: If death was due to external causes, fill in the following; (Burial, cremation, or removal. Which?) Bate thereof. Canal (day) (year) Bate of | | | Autupsy results | miss Charle O France |
| 17. Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year) Date of | | which death should be charged statisticalty. | PHYSICIAN: Please underline the cause tu | |
| (Burial, cremation, or removal. Which?) | | auses, flil in the following: | 22. VIOLENCE: If death was due to external | 0 |
| When did lating and | | | | (Burial, cremation, or removal, Which?) |
| | | | | Cemetery or crematory St. John Cemetery |
| Location (Missing institute) med: Injured at home, farm, industry, public place (where?) | | where?) | Injured at home, farm, industry, public place | |
| 18. Funeral director. ALB ankard Asam Means of Injury Injured at work? | | Injured at work? | Means of Injury | |
| Address Westminster, and. Des signature CLBillingslen, M. D. or other | | incolen, m.o | 23. SIGNATURE OT Bill | 1 77 - 0- 1 |
| 64/2/ LIK / A MULANUMAN Y | 48 | M. D. or other | Address Westmireto | 19. (Date rec'd/by registrar) 18 46 Augustina Registr |

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A TRANSPORT OF THE PROPERTY OF A STREET OF THE PROPERTY AND IN

APR 29 1948

BUREAU V. S.

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correct age

| MARYLAND STATE DEPARTMENT OF HEAD | T |
|-----------------------------------|---|

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03736

| | | CERTIFICATI | Reg. Dist. No | .lAt | |
|--|-------------------|---|---|---|--|
| 1. PLACE OF DEATH: | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: | | |
| County Carroll | | | (For newborn infants give residence of mother) | | |
| City or town Henryton | Marylar | rd | State Waryland County | | |
| (If outside city or tow | n limits, write R | month 26 days | City or town Baltimore (If outside city or town limits, write RURAL and give ne | | |
| How long in above place of death? I Hospital, institution, or street address wh | year | mon on agage. | | arest town; | |
| Maryland Tubercu | losis S | Sanatorium | Sireet No. 617 Sarah Ann Street | / | |
| How tone to bosolida or institution? CO | lored H | Branch . Henryt | 2.(a) If veteran, name war | \/ | |
| 3. (a) FULL NAME | | *************************************** | | N 1 | |
| | | | 3. (b) Social Security | | |
| | Edward | Diggs Mantiply | 218-07-46 | 08 | |
| 4. Sex 5. Color or race | 6.(a)Singt | e, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| male col | Di | Lvorced | 20. DATE OF DEATH April 1 1948 | 1:45A | |
| 6.(b) Name of husband or wife | | | 21. I CERTIFY that death occurred on the date above stated; that I attended dec | eased from | |
| | | | January 6 15 47 to April | 1 19 48 | |
| 7. Birth date of | | | and that I last saw h im alive on April 1 | 19.48 | |
| deceased (mo., day, yr.) Ma | rch 28 | | Immediate cause of death. | OURATION | |
| 8. AGE: Years Months | Days | It less than one day | Pulmonary Tuberculosis | | |
| 36 0 | 4 | hrsmin. | | 3046 | |
| Lynchburg Virginia | | | Due to | | |
| 9. Birthplace Lynchburg Virginia (Town, county, and state) | | | | | |
| 10. Usual occupation | | | Ove fo. | | |
| 11. Industry or business | | | 09510 | *** | |
| | | | Other conditions | ** | |
| | | | | * 4000000000000000000000000000000000000 | |
| | | | (Include pregnancy within 3 months of death) | | |
| 14. Maiden name Marie Johnson 15. Birthplace Virginia | | | Major findings of operations | | |
| 15. Birthplace Virginia | | | Date of op. | | |
| 16. Informant Deceased | | | Actorsy results. | | |
| 16. Informant Deceased | | | PHYSICIAN: Please noderline the cause to which death should be charged | statistically. | |
| Address 10 10 10 10 10 10 | | | 22. VIOLENCE: If death was due to external causes, fill in the following: | | |
| 17. Severe Date thereof. 9. 1.3. 11949 | | | Accident, suicide, or homicide | | |
| (Burial, cremation, or removal, Which?) | | | | | |
| Gemetery or crematory | | | Where did injury occur?(City or town) (County) | | |
| Location Location Co | | | Injured at home, farm, industry, public place (where?) | | |
| 11 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | Meane of Injury Injured at work? | | |
| 16. Funeral director. | | | 7 0 CHOO > | 200 | |
| Address | 2 mg | | 23. SIGNATURE ROUGELL TO France, | $n \cdot O$. | |
| a Anril 14 | 3 nex | et R. Swalls | M, D. | or other 48 | |
| (Date rec'd by registrar) | al De | ULV Registrar | Address Henryton, Maryland Date signed | = | |

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

| 6 | 0 | pay | 0 | pay |
|---|---|-----|---|-----|
| | 3 | | | |

CERTIFICATE OF DEATH

| 12/1 | | | | DA |
|------|------|-------|-----|----|
| 10 | Reg. | Diat. | No. | 14 |

| CERTIFICAL | Reg. Diat. No. |
|---|---|
| 1. PLACE OF DEATH: County Carroll | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| City or town Henryton, Maryland (If outside city of town limits, write RURAL and give nearest town) How long in above piace of dealh? 1 hour 40 minutes Hospilal, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium How long in hospital or institution? Colored Branch, Henryton | State Maryland County |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Lebency Moon | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION P. |
| female col Widowed | 2D. DATE OF DEATH. ADril 13 19 48 at 1:10 B |
| 6,(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that tattended deceased from April 13 19 48 to April 13 19 48 and that I last saw h. er alive on April 13 19 48 |
| 8. AGE: Years Months Days It less than one day | Pulmonary Tuberculosis Sept. |
| 53 1 20hrsmin. | 1947 |
| 9. Birthplace | Due to Due to Differ conditions |
| | (Include pregnancy within 8 months of death) |
| 14. Maiden name. Lula Bruce. 15. Birthplace Cornville, Georgia | Major findings of operations. |
| 16. Intermant Sister-Mrs. Mattie Lee Huntley | Autopsy results |
| Address 738 W. Saratoga St. Baltimore, M. 17. (Burnell Fernation, or removal Which?) Cemetery or crematory Location 18. Funeral director Address / 3 0 3 Presture (Date rec'd by registrar) 19. April 13 19 48 (Date rec'd by registrar) 19. Registrar Registrar | 22. VIOLENCE: It death was due to exiernal causes, till in the following: Accident, suicide, or homicide |

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APR 15 1948

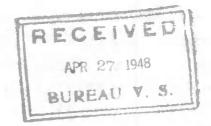
BUREAU Y. S.

9-45-15M PUEASE NS

| MARYLAND | STATE | DEPARTMENT | OF | HEALTH |
|----------|------------|----------------------|----|--------|
| | 2411 N. CI | harles St., Baltimor | 0 | oul |

03738

| CERTIFICAT | E OF DEATH |
|--|--|
| 1. PLACE OF DEATH: County Public City or town limite, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
| 3. (a) EDIL NAME Thoram | 3. (b) Social Security Number |
| 4. Sex 5. Color or race Color or r | MEDICAL CERTIFICATION 20. DATE DF DEATH: 2 6 19 48 at 2 - 4 m 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 19 |
| 7. Birth date of deceased (mo., day, yr.) Deceased 2 2 - 1875 8. AGE: Years Months Days It less than one day 72 4 4 | Immediate cause of death DURATION Due to. |
| 12. Name seesh trub 13. Birtholace 14. Maiden name Lydia Source 15. Birtholace 16. Informant Lout Ro. | Other conditions |
| Address 4709 Norwerd for - Pollium M 17. Burick (Burial, cremation, or removal, Which?) Cemetery or crematory Location Below Address 403 Location Address 403 Location Address 403 Location Address 403 Location Address 403 Add | PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide |



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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

(13739 L. No. 72

| County Car | roll | ************** | | Z. USUAL RESIDENC | ts give residence of | f mother) | | |
|---|--|-----------------|---|--|----------------------|--------------------------------|--------------------------------------|--|
| City or town Silv | ver Run W | estmins | ter R.D.1 AL and give nearest town) | State Maryland county Carroll City or town Silver Run, Westminster R.D.1 (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) | | | | |
| How long in above place Hospital, institution, or | of death?street address where | death occurred: | | | | | | |
| How long in hospital or | Institution? | | *************************************** | 2.(a) If veteran, name war | | | | |
| 3. (a) FULL NAME | | rine Mve | re | | | 3. (b) Social Securi | ty Number | |
| 4. \$e1 | 5. Color or race | 6.(a)Single, m | rs parried, widowed, or divorced | | MEDICAL C | ERTIFICATION | | |
| Female | White | W | idowed | 20. DATE OF DEATHA | pril 7 | 1,18 | 5:30P. | |
| 8.(b) Name of husband or wife Franklin H. Myers 6.(c) If alive, give age Dead years 7. Birth date of deceased (mo., day, yr.) April 11- 1872 | | | | s and that t last saw h | 519 | bore stated; that I attended d | 7 1148 | |
| 8. AGE: Years | Months | Days 26 | if less than one day | Acute Du | luna | y elous | 5 h | |
| 10. Usual occupation | 9. Birthplace Adams County, Pa. (Town, county, and state) 10. Usual occupation Housework 11. Industry or business In own home. | | | | - Cedio |) Vesero Va | 107> | |
| | Aaron Myer Adams Cou | ' S | | Other conditions | | | | |
| | Lydia A | rter | | | pregnancy within 3 | 3 months of death) | | |
| | Adams Co | 77 | | | | Date of op | | |
| | leonge I | | yero ter, Md. R.D.1 | PHYSICIAN: Please under | | which death should be charg | ed statistically. | |
| Burial (Burlal, cremation, | | | 1/10/18 (month) (day) (year) | 22. VIOLENCE: tf death w | | | | |
| Cemelery or crematory St. Marys Union Cemetery. | | | Where did injury occur? | (City or town) |) (County) | (State) | | |
| | ilver Run, | Md. | 0 / | | stry, public place (| where?) | ************************************ | |
| 18. Funeral director. | | exte + | don | Meens of injury | | Injured at work? | | |
| Address Litt: | lestown, P | Parler. | R.A. Tittle Mansent Registre | 23. SIGNATURE | Savalo | 11/ | D. or other ed. 4-9-48 | |



APR 12 1948

BUREAU V &

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

| | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) |
|---|--|
| | State MA County Carroll |
| | (If outside city or town limits, write RURAL and give nearest town) |
| | Street No. (If rural, give LOCATION) |
| | 2.(a) It veteran, name war. |
| | 3. (b) Social Security Number |
| 4 | 216-22-7932 |
| | MEDICAL CERTIFICATION |
| | 20. DATE DF DEATH |
| | 21. I CERTIFY that death of curred on the date above stated; that I attended deceased from |
| 8 | and that I last saw h. Long alive on Office 19 19.48 |
| - | Immediate cause of death |
| | Larcenson Prostate |
| - | Due to. |
| 1 | Operation 1943 |
| | Due to. |
| - | |
| - | Other conditions |

| Other condition | ns |
|-----------------|--|
| | |
| | (Include pregnancy within 8 months of death) |
| | |
| | |
| Major finding | s of operations. |
| Najor finding | s of operations |
| Najor finding | s of operations |
| | Date of op. |
| Antopsy resu | |

Accident, suicide, or homicide.....

Where did injury occur? (City or town) (County)

Injured at home, farm, industry, public place (where?)

Means of Injury injured at work?

M. D. or other

Date signed 4-20-40

outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

1. PLACE OF BLATH:

3. (a) FULL NAME

4. Sex

7. Birth date of

deceased (mor, day If less than one day 8. AGE:

9. Birthplace ...

11. Industry or bus

18. Funeral direc

Address

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APR 23 1948

BUREAU V. S.

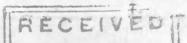
DATE: letter from Dr. Saffell filmed G120 6-2-19 IN MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

(13741 Reg. Dist. No. 74

| 2411 | 1 N. Charles St., Baltimore / 3 |
|--|--|
| CERTI | FICATE OF DEATH Reg. Dist. No. 74 |
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| City or town (If outside city or town limits, write RURAL and give nearest How long in above place of death? | t town) City or town (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, Institution, or streat address where death occurred: | Sireal No |
| How long in hospital or institution? | 2.(a) If vateran, name war |
| 3. (a) FULL NAME Stanky St Ta | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(9) Single, marriad, widowad, or divo | MEDICAL CERTIFICATION 2D. DATE DF DEATH. 4 - 48 19 19 19 19 19 19 19 19 19 19 19 19 19 |
| 8.(b) Name of husband or wife Aulian Michael | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 7. Birth data of deceased (mo., day, yr.) May 2. 1919 | and that I fast saw holder allive on the 17 - 48 19 Immediate cause of death |
| 8. AGE: Years Months Days It lass than one day | min. Oulanmana, Tuteralogis. |
| 9. 6irihpiace | Bue to. |
| 10. Usual occupation. Alexander Cord. | Oue to |
| 12. Name of translation of the state of the | Other conditions |
| 13. Birthplace 14. iMalden nama Cathelaine Kraft 15. Birthplace Md. | (Include pregnancy within 3 months of death) Major findings of operations. |
| 15. Birthplace md. | Autopsy results. |
| Address Frinksburg, M.S. | PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: |
| 17. And the Administration (Burial, cremation, or removal, Which?) Demetery or crematory. And the Administration of the Administrat | (City or town) (County) (State) |
| Location Day Selesciale y Thirty a | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director. Constitution and the second address and the second and the | Meens of injury Injured at work? |
| 18. Ph. 21 18 48 C. Harry | 23. SIGNATURE M. D. or other M. D. or other |

MARGIN RESERVED FOR BINDING



APR 22 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, is especially

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

| U | 3 | 7 | 1 | 9 |
|---|---|---|---|----|
| V | 0 | | Z | 60 |

| | | 74 |
|------|----|----|
| Dist | No | 11 |

| 1. PLACE OF DEATH: COUNTY | | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infente give residence of mether) | | | | | | | | | |
|---|-------------------|----------|---|-----------------|---|------------------|--|----------------------------------|----------------------------|-----------------------|--|---------------|--|-------------------------------|
| Gounty | Svkesvill | e. Marv | land | *********** | State Maryland county Howard | | | | | | | | | |
| City or tows Sykesville, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of deeth? 4. months Hospital, institution, or street address where deeth occurred: Springfield State Hospital How long in hospital or institution? 4. months | | | | | City or town Woodbine, rural (if outside sity or tewn limits, write RURAL and give nearest town) \$treet No. (if rural, give LOCATION) | | | | | | | | | |
| | | | | | | | | | 2.(a) If veteran, neme wer | | | | | |
| | | | | | | | | | 3. (a) FULL NAM | E | | | | 3. (b) Social Security Number |
| | | | | | | | | | | WILLIA | | NGTON PICKETT | | |
| | | | | | 4. Sez | 5. Color or rece | | e, merried, widowed, or divorced | d | MEDICAL CERTIFICATION | | | | |
| M | W | | WIDOWED | | 20. DATE DE DEATH ADril 28 10: 48 .1 7:00 A. | | | | | | | | | |
| . 41 | Annie | Cather | ine Hargett | | 21. I CENTIFY that death occurred so the date above stated: that t aftended deceased from | | | | | | | | | |
| | | | | | January 2 10 48 10 April 2819 48 | | | | | | | | | |
| 7. Birth date of | | | c) If elive, give ege | yeere | and that I leat naw h. Am. alive on Afril 27 18 48 | | | | | | | | | |
| deceased (mo., day, | | | 6, 1870 | | Immediate cause of death | | | | | | | | | |
| 8. AGE: Yeer | Months | Days | if less then one day | | Carcinoma of Stomach 4 mos. | | | | | | | | | |
| 77 | 4 | 21_ | hre | mln. | | | | | | | | | | |
| a Birthelesa H | oward Cou | nty | atate) | 100111000000000 | Due to | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 10. Veuel occupation | Hospit | al Atte | ndant | | Due to | | | | | | | | | |
| 11. Industry or business | 10 | | | | | | | | | | | | | |
| 12 Name W | illiam Da | vid Pic | kett | | Bther conditions | | | | | | | | | |
| | Howard Co | | | | | | | | | | | | | |
| | | | | | (Include pregnancy within 8 menths of death) | | | | | | | | | |
| | | | | ************ | Major findings of operations | | | | | | | | | |
| | | | Maryland | | Dete of op. | | | | | | | | | |
| 15. Informent JO | hn E. Pic | kett | | | Autopsy results | | | | | | | | | |
| Address W | infield, | Marylan | d | | PHYSICIAN: Please underline the ceuse to which deem should be charged menticeny. | | | | | | | | | |
| BUR | IAL Garage | 6.1. 11. | 5-1-48 | | 22. VIOLENCE: If death wee due to externel causes, fill in the following: | | | | | | | | | |
| (Burial, cremation | os removal. Which | h?) | (menth) (day) (y | ear) | Acoldenf, suicide, or homicide | | | | | | | | | |
| Address Winfield, Maryland BURIAL (Burlat, Translation of Poplar Springs Commetery Poplar Springs Howard Co. Md. | | | | | Where did injury occur? (City or town) (County) (State) | | | | | | | | | |
| Pop. | lar Spri | ngs, Ho | ward Co. Mc | d. | Injured at home, farm, industry, public piece (where?) | | | | | | | | | |
| Location | C M | <u></u> | *************************************** | ************ | Meene of Injury Injured at work? | | | | | | | | | |
| 18. Funerel director | Wal | TZ. | | | | | | | | | | | | |
| Address Winf | ield Woo | dbine | Maryland | | 23 SIGNATURE Joseph H- Marshell, M.D. | | | | | | | | | |
| | | • | | 0001 | // // // M. D. or other | | | | | | | | | |
| 19. Wate ren'd by re | ngletrar) | | Juny W | Regietrar | Address Sykesville, Maryland Dete eigned 4/28/48 | | | | | | | | | |

PLEASE WRITE PLAIMLY. WITH UNFADING INK. Supply every item of information carefully. The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Rox. Dist. No.

| NCE (HOME) OF DECEASED: | 2. USUAL RESIDE | | | | | L. PLACE |
|---|--|--|------------|------------------------|---------------|--|
| State | | City or town (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death? Rospital, institution, or sirect address where death occurred: | | | | |
| (Hrurel, give LOCATION) | ٠. | | | Hulion? | | |
| 3. (b) Social Security Rumber | | | | | | 3, (a) FUL |
| MEDICAL CERTIFICATION | 20. DATE OF DEATH | ls, merrled, widowsd, or divorced | 6.(a)Singl | Colur of tacs | 5 | 4, 3ex |
| h occurred on the dale abave stated; that I attended descated from 19 | 21. J CERTIFY Instituesh | c) If alive, give ageyoa | | ativ | | 7. Birth date c |
| | ****** | if less than one day | Паук | Months | Yeark | 8. AGE; |
| | Due 10 | | | (3°0wn, | aeifsqu: | 10, Usual occ |
| de pregnuncy within 3 menths of death) | | | | | esale | 11. Industry of the state of th |
| ationa | Allmany various A | | | APQ Frequency Write AY | Oyleia | 16. Informany |
| th was due to external causes, fill in the following; micide | Accident, suicide, or hor Where did injury occur? | ef(month) (day) (yesr) | Date ther | reupyul, Windfilt | riorematory | |
| Injured at work? M. D. or other | Menns of Irjury | | | , 15 % 5 | rotosnil | 18, Funeral e |
| Oale signed | an Address | Magic're | | | c'd by regust | 19. (Date re |

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

| | | | 80 |
|----|-------|-----|----|
| g. | Diat. | No. | |

| | Reg. Diat. No. |
|---|---|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| (If outside city or town limits, write RURAL and give nearest town) How long-in above place of death? | City or town (if outside city or town limits, write RURAL and give nearest town) |
| Hospital, intillution, or street address where death occurred: | Street No. (If rural, give LOCATION) |
| How long/in hospital or Institution? | 2.(a) It veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| I wi hurdown | 20. DATE OF DEATH afre 20 1948 21 8:30 C. |
| 6.(6) Name of husband or wife Cufford S. (c) If alive, give age year | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 7. Birth date of 2 | and that I last saw h alive on 19 7 8 |
| 8. AGE: Years Months Days If less than one day 2 2 2 2 | Impediate cause of death Duration Gelevisia Duration |
| 9. Birthplace Wells (Town, county, and state) | Due to. |
| 1D. Usual occupation | |
| 11. Industry or business | Due to |
| 12. Name Colect Welliams 13. Birthplace | Other conditions |
| | (Include pregnancy within 3 months of death) |
| 14. Maiden name Popular Seele 15. Birthplace Vermont | |
| 15. Birthplace Vermont | Major findings of operations |
| 16. Informant Mis. Muyra I taraha | Apiopsy results. |
| Address Avantumente My | PHYSICIAN: Please uoderline the cause to which death should be charged statistically. |
| 13. 1124/14/8 | 22. VIOLENCE: It death was due to external causes, fill in the following: |
| (Burial, cremation, or removal, Which?) Date thereot (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory day the Canal Lynn | Where did Injury occur? |
| Location State of the State of | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director language and the state of the state | Means of Injury Injured at work? |
| hoddesselfu Dudge & Man anders / | 23 SIGHT THE Thronk |
| 19 Charles 21 1944 Consul Brudel | M. D. or gehet |

UNFADING INK. Supply every item of information carefully, ant. Physicians: please write the causes of death clearly and

PLEASE WRITE PLAINLY, is especially

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MARGIN RESERVED FOR BINDING

RECEIVED

APR 27 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH Reg. Dist. No.... 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH (For newborn intants give residence of mother) write RURAL and give nearest town) (If rural, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race B.(b) Name of husband or wife..... 7. Birth date of deceased (mo., day, yr.) DURATION 8. AGE: 9. Birthplace. (Town, e 10. Usual occupation. (Include pregnancy within 3 months of death) 14. Maiden name Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof. Accident, suicide, or homicide..... (Burial, eremation, or removal, Which?) (month) (day) (year) Where did tnjury occur? (State) (City or town) (County) Cemetery or crematory injured at home, farm, Industry, public place (where?) ... lojured at work? Means of Injury 23. SIDNATURE M. Dorother C. Flerry Well (Date rec'd by registrar)

Address..

FOR BINDING MARGIN RESERVED information carefully of death clearly and

causes of

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MARYLAND STATE DEPARTMENT OF HEALTH

| | 2411 | N. (| Charles | St., | Balti | more | 136 |
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| 1. PLACE OF DE | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | | |
|--|------------------|---------------|-----------------------------------|--|-------------------|--|--|
| | | | RURAL and give nearest town) | Stals Maryland County | | | |
| | | | RURAL and give nearest town) | City or town Baltimore | | | |
| How long in above place Hospital, Institution, or | of death? | death occurre | d: | (if outside city or town limits, write KURAL and give: | nearest town) | | |
| Maryland | Tuberc | nlosis | Sanatorium | Street No. 1132 E. Lombard St., | | | |
| Colored | Branch, | Henry | ton, Md. | 2.(a) If veteran, name war | | | |
| 3. (a) FULL NAM | | | | 3. (b) Social Securi | | | |
| | | ELEN F | ROBERTS | | | | |
| 4. Sex | 5. Color or race | 6.(a)Sing | le, married, widowed, or divorced | MEDICAL CERTIFICATION | | | |
| female | colore | d | widowed | 20. DATE OF DEATH April 16, 19 48 | 3 .4.30A | | |
| 6.(b) Name of husband | or wife | | | 21. I CERTIFY that death occurred on the date above stated; that I attended do April 12, 19. 48 to April | | | |
| 7. Birth date of | | | (c) If alive, give ageyears | and that I lost saw h GT alive on April 16, | | | |
| dscsased (mo., day,) | (n.) Apr: | 11 28, | 1895 | | | | |
| 8. AGE: Years | Months | Days | If less than one day | Pulmonary Tuberculosis | Oct ? | | |
| 52 | 2 11 | 29 | hrsmin. | | 1947 | | |
| 9 Righniace | Souther | land. | Va. | Due to. | ****** | | |
| | | | | | | | |
| 10. Usual occupation | Mone | | ••••••• | Oue to | | | |
| 11. Industry or busines | | | | | | | |
| 12. Name | Charles | Dadm | an | Dther conditions | | | |
| 13. Birthplace | TT : | | | | | | |
| 2 | Henriet | ta Wal | ker | (Include pregnancy within 8 months of death) | | | |
| 14. Maiden name. 15. Birthplace | ~ | 3 3 | ** | Major findings of operations | | | |
| ≥ 15. Birthplace | Souther | land, | Va. | Dale of op | | | |
| 16. InformantDat | ughter-L | rs. Do | oris Franklin | Antopay results. | | | |
| Address 11 | 32 E. Lo | mbard | St. Balto. Md. | PHYSICIAN: Please underline the cause to which death should be charg | ed statistically. | | |
| B | 1-0 | | 46/ a a/. a. | 22. VIOLENCE: If death was dus to external causes, fill in the following: | | | |
| Burial, cremation | or removal Which | Dats the | reof (month) (day) (year) | Accident, suicids, or homicide | | | |
| Cemetery or cremate | VII. | 1 6 | alaced. | Where did injury occur? | (State) | | |
| / | 2.00 | Jones | ty Bul | Injured at home, farm, Industry, public place (where?) | | | |
| Location | 73/- | 151 | Blan | Means of Injury Injured at work? | | | |
| t8. Funeral director. | oper | 1 | Mams | 2 (| ~ | | |
| Address 3 | 15h | 100 | eary N | 23. SIGNATURE leaden toffman or | n. D. | | |
| 4/16 | 19 48 | all | well Devands | M. 1 | D. or other | | |
| (Date rec'd by re | gistrar) | Deput | y LOCAL Registrar | Maddress Henryton, Md Date signi | d 7/10/30 | | |



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. ...

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|---|
| County Carroll | C |
| (If outside city or town limits, write RURAL and give nearest town) | State Maryland County Carries |
| How long in above place of death? | City or town. (If outside city or town, limits, write RURAL and give nearest town) |
| | Street No. 2 Lampstead |
| Hampstead | (If rural, give LOCATION) |
| How long in hospital or Institution? | 2.(a) If veteran, name war. Would Wour II |
| 3.(a) FULL NAME Clayton Euglne (| 3.(b) Social Security Number 212-26-6838 |
| 4. Sex 5. Color o (race 6.(a) Single, married widowed, or divorced | MEDICAL CERTIFICATION |
| M W Single | 20. DATE DF DEATH april 27 19. 48 21. 2: 10A |
| O Company of the stand on wife | 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from april 27 19. 48 |
| T. Birth date of Section 1. Birth date of Sect | and that I last saw h. m. alive og april 27 19 48 |
| deceased (mo., day, yr.) 3 ept 22, 19 28 | Immediate cause of death Pulmon any DURATION |
| 8. AGE: Years Months Days If less than one day | Embolis |
| 19 3 hrsmin. | |
| 9. Birthplace Hampstead Carroll Cy Marylan | Due to Malian ant Hyperthoson 6 Months |
| (Town, county, and mate) | |
| 10. Usual occupation - Labour | Due to |
| 11. Industry or business | |
| 12. Name. Richard Russell Rusp 13. Birthplace Hompstead, Md | Other conditions |
| 3. Birthplace Hampstead, Md | (Include pregnancy within 3 months of death) |
| 14. Maiden name Carvil Inene Spencer | |
| 1 0 Tu = 1 1 | Major findings of operations. |
| 15. Birthplace Lawndall Maryland This Richard Russell Russe | Date of op. |
| 16. Informant | Actorsy results |
| Address Hampstead, Nd | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| 17 Buil Date thereof apr 29/48 | Accident, suicide, or homicide |
| (Burial, cremation, or removal, Which?) (month) (day) (year) | |
| Cemetery or crematory | Where did injury occur? (City or town) (County) (State) |
| location Cerual Ro Ma | Injured at home, farm, industry, public place (where?) |
| Edwar Perlaton | Massas of Injury taljured at work? |
| 18. Funeral director | M. H. Fround MD |
| Address Haufflesa / Wo | 23. SIGNATURE |
| Capril 29 148 John S. Hughes | M. Manchester Md M. D. or other 27 |
| Date rec'd by registrar) Registrar | Address Date signed |

FOR BINDING RESERVED MARGIN

APR 30 1948 HURHAU V. S.

FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

| CER | TIF | IC | ATE | OF | DEA | TH |
|------|-----|-----|---------|-----|-----|-------|
| CLIL | | 101 | A A A-4 | OI. | | 4 4 4 |

3. (b) Social Security Number

| 1. PLACE OF DEATH | Carre | 011 | is Migr | | 2. USUAL R (For new | | |
|--|---------------|--------------------|-------------------------------|-----------|--------------------------------|--|--|
| City or town | | | | | | | |
| How long in above place of de | ath? 18 ve | ars.l. | onth 25 day | | City or town | | |
| Hospital, Institution, or stree Springfield | State H | ospita. | L | | Street No3 | | |
| How long in hospital or Insti | tution? 18 ye | ears, | L month, 25 c | lays | 2.(a) If veteran | | |
| 3. (a) FULL NAME | Flore | ence Sl | nepherd | | | | |
| 4. Sex 5. 1 | Color or race | 6.(a)Singi | e, married, widowed, or divor | ed | | | |
| female w | hite | mai | cried | | 20. DATE DF DE | | |
| 6.(b) Hame of husband or wi | . Clare | nce M | Shenherd | | | | |
| 6.(b) Hame of husband or wi | | | c) if alive, give age unkr | nown | Januar | | |
| 7. Birth date of | | | | | and that I last t | | |
| deceased (mo., day, yr.) 8. AGE: Years | 1 Months | Days | and day unk | town) | Impediate can | | |
| 60 | unkn | wn | hrs | min. | -011001 | | |
| a Bistoless Penn | svlvani | 3 | | | Due to | | |
| 9. BirthplacePenn | | | state) | | | | |
| 10. Usual occupation | Housewo | rk | * | | Due to | | |
| 11. industry or business | c E Las | ndi a | | | | | |
| E. I J. Distriplace | nsylvan | ia | | | Dther conditions | | |
| 至 14. Maiden name | Sarah l | | | | Major findings | | |
| 16. Informant Hp Address Spring | spital : | records tate Ho | s ospital | | Autopsy result PHYSICIAN: I | | |
| 01 | | | | 948 | 22. VIOLENCE | | |
| (Burial, cremation, or r | emoval Which? |) | (month) (day) | (year) | Accident, suicid | | |
| Cemetery or crematory | 11000 | upu | 200.4 | | Where did Injur | | |
| Location | | | ma, | | Injured at home | | |
| 1B. Funeral director | - | | un + Sous | | Means of injury | | |
| Address North Y | Penna | | Batter | | 23. SIGNATURE | | |
| 19. Afr. 11. | 19.48 | C) | Harry New | Registrar | Address Sp | | |

| 2 | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give recidence of mother) |
|---|---|
| | State Maryland County Baltimore (If outside city or town limits, write RURAL and give nearest town) |
| 2 | Street No. 3506 Plateau Avenue (If rural, give LOCATION) |
| 1 | 2.(a) If veteran, name war |

| MEDICAL | CERTIFICATION |
|----------|---------------|
| April 10 | 10 |

| 20. DATE DF DEATH April 10, 19 48 | 4.30 A |
|--|---|
| 21_I CERTIFY that death occurred on the date above stated: that I attended decided a state of the state of th | eased from 48 |
| and that I last saw halive on | 19. 48 |
| Cancer of the stomach | 10 month |
| Due ta | *************************************** |
| Due to | |
| Other conditions Schizophrenia, hebephrenic type | 23 years |
| (Include pregnancy within 3 months of death) | |
| Major findings of operations | |
| Aatopsy results | |
| 22. VIOLENCE: If death was due to external causes, fill in the following: | |
| Accident, suicide, or homicide | |
| Where did injury occur?(City or town) (County) | (State) |
| Interest of home form Industry nublic place (where?) | |

une Hohmen

Injured at work?

Springfield State Hospital signed 4-10-48 Registrar Address..

APR 19 1948

BUREAU Y. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

| 1 PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|--|
| County Carroll | state md. county Carroll |
| City or town (If outside city or town limits, write RURAL and give nearest town) | City or town Westminster |
| How long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| Thought, months, or other | Street No. |
| Wenner Che. | (If rural, give LOCATION) |
| How long in hospital or Institution? | 2.(a) tt veteran, name war |
| 3. (a) FULL NAME mary Louise Shr | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| I I W Rimele | |
| | |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated: That I attended deceased from |
| 6.(c) 1 alive, give ageyears | |
| 7. Birth date of deceased (mo., day, yr.) (3) (7) | and that I last saw h Sharalive of Charles and the I last saw h Sharaliv |
| 8. AGE: Years Months Days 11 less than one day | Immediate cause of death |
| 76 6 11min. | 3/1/40 |
| 10 101 0 1 | |
| 9. Birthplace O arral 50 (Town, county, and state) | and or excellences & was |
| 1D. Usual occupation. North | |
| 11. Industry or business | Due to |
| | B |
| E 240 0 | Dither conditions |
| | (Include pregnancy within 3 months of death) |
| 14. Maiden name Clementing Snader. 15. Birthplace Corroll Co. Md. | Major fiediogs of operations |
| \$ 15. Birthplace Carroll Co. md. | Bate of op. |
| 16. Interment marsand Shriver (mm) | Aotopsy results |
| 1.10 - mal | PHYSICIAN: Please uoderline the cause to which death should be charged statistically. |
| Address Westminster 1948. | 22. VIOLENCE: 11 death was due to external causes, fill in the following; |
| (Burial, cremation, or remoyal, Which?) Bate thereol. (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory Westminster Cemeters | Where did injury occur? (City or town) (County) (State) |
| U.T. In made | Injured at home, 1arm, industry, public place (where?) |
| Location Walmans 1 | Msans of Injury Injured at work? |
| 18. Funeral director | 1 00 100 |
| Address Westminster md. | 23. SIGNATURE CLESSIFICATION. |
| 1571 48 //Manch | M. D. or other |
| 19. (Date rec'd by registrar) Registra | Address Date signed Date signed |

MAY 5 1948

BUREAU V. S.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

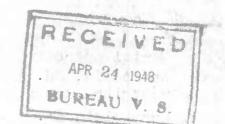
2411 N. Charles St., Baltimore 136

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CERTIFICATE OF DEATH

| hand | | | | 77.4 |
|------|------|-------|-----|------|
| pot | Reg. | Dist. | No. | 74 |

| 1. PLACE OF D | EATH: | | 2. USUAL RESIDENCE (HOME) (For newborn infants give residence of | OF DECEASED: | 1 | |
|----------------------------------|-------------------------|---|--|---|--|--|
| County Car | | | State Maryland County | | | |
| City or town | Henryton | mits, write RURAL and give nearest town) | D-3 44 | | | |
| them does in above als | are of death? | month, 26 days | Cily or town Bal ti more | its, write RURAL and give ne | eareat town) | |
| Hospital, Institution, | or street address where | death occurred: Losis Sanatorium | Sireet No. 1127 W. Frag | | | |
| | | losis Sanatorium | (lfrura) gi | ve LOCATION) | | |
| Colored How long in hospital | Branch, | Henryton, Md. | 2.(a) It veleran, name war World | War II | <i></i> | |
| 3. (a) FULL NA | ME | | • | Number | | |
| | CHA | RLES DANIEL SPENCER | | 218-01-67 | 55 | |
| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced | MEDICAL O | CERTIFICATION | | |
| male | colored | Married | 20. DATE OF DEATH April 1 | 6, 19 48 | 3, 10.25 | |
| 6.(b) Name of husba | nd or wife Del | ores Spencer | 21 CERTIFY that death occurred on the date a | bove stated; that I attended dec | eased from | |
| | | | anuary 19, | April 16 | 40 | |
| 7. Birth date of | T113 - | 18, 1917 | and that f last saw h im alive on | April 16 | 19★Ω | |
| deceased (mo., da | 711 | Days If less than one day | Immediate cause of death | | | |
| o. Auc. | | Pulmonary Tuberculosis | | | | |
| | | | | | 1947 | |
| 9. Birthplace | Annapoli | eounty, and state) | Due to | | | |
| | | eur | | *************************************** | | |
| 10. Usual occupatio | n | <u> </u> | Due to | | *** | |
| 11. Industry or busin | | | *************************************** | ••••••• | ••• | |
| 12. Name | | pencer | Other conditions | | | |
| 13. Birthplace | | s, Md. | (Include pregnancy within | 2 months of death) | | |
| H 14 Maiden nar | "Georgian | a Dugan | | | | |
| 14. Malden nar 15. Birthplace | Annapols | | Major findings of operations | | | |
| | | | | | | |
| 16, Informant | eceased | | Autopsy results | which death should be charged | d statistically. | |
| Address | | | 22. VIOLENCE: tf death was due to external of | | | |
| " Ban | real | Date thereof 4 / 21/1948 | Accident, suicide, or homicide | | | |
| (Burial, cremat | ion, or removal. Which? | Date thereof (month) (day) (year) | | | | |
| Cemetery or crem | natory Mate | and conting | Where did Injury occur?(City or town | (County) | (State) | |
| Location | Butte | une med | Injured at home, farm, Industry, public place | (where?) | *************************************** | |
| · · | De last | 5. W. 101 | Means of Injury | injured at work? | | |
| 18. Funeral directo | 111 | - Line | 7 . (| 1/00 | | |
| Address | 5/5 M | claury of | 23. SIGNATURE Coulen 1 | offman? | n · J. | |
| 19. 4/16 | 19 48 | Deputy Local Registrar | Henryton, Md | Date signed | | |
| (Date rec'd by | registrar) | Deputy Local Registrar | Address | | and the state of t | |



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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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w Diet No

CERTIFICATE OF DEATH

| TPLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|---|
| County COUNTY | |
| City or town (If outside city or town limits, write RURAL and give nearest town) | State Mary Aucounty arroll |
| How long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, Institution, or street address where death occurred: | Street No. |
| | (If rurel, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| albert Henry Stine | TIL |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| male white Single | 20. DATE OF DEATH [] 2 7 15 / 8 -1/1:415 N |
| | 21. I CERTIFY that death occurred on the date above stated; that I affended deceased from |
| 6.(b) Name of husband or wife | april 210 19.48 10 Chris 28 19.48 |
| 6.(c) If alive, give ageyears | |
| 7. Birth date of deceased (mo., day, yr.) april 26-1948 | and that I dast saw h |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death |
| 0. AGE. | Convulsion |
| hrsmin. | |
| 9. Sirtholace Carroll Country) Wed | Due to Courlebation - |
| (Town, county, and state) | |
| 1D. Usual occupation. | no Partie of Child of |
| | Due to. |
| 11. industry or business | healthy at hirth |
| 12. Name Lead State 13. Birthplace | Dther conditions |
| 13. Birthplace Marsiland | |
| El | (Include pregnancy within 3 months of death) |
| 14. Maiden name Masch Milled St. 15. Birthplace Mary Carel | Major fiedings of operations |
| E 15. Birthplace Mary tand | Date of op. |
| 16. Informant, aller H. Strail | Actopsy resolts |
| | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address Autow Judge, na. | 22. VIOLENCE: If death was due fo exfernal causes, fill in the following: |
| 17 During Bate thereof 4/40 | |
| (Buriat, cremation, or removed Which?) (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory of the think of the state of the st | Where did injury occur? |
| Location Middle & Despite Middle & | injured at home, farm, industry, public place (where?) |
| 1011 State + chored | Meens of injury Injured at work? |
| 18. Funeral director | 1 511 |
| Addressing is I sudge to new Chingson the | 1/1/0-0 |
| 11 20G 118 PS-1 | 23. SIGNATURE M. D. or other |
| Mate rec'd by registrar | Address // 111 m (Anista) - Bate signed 4-28-48 |

JUN 16 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

03751

| | | | 01 |
|------|-------|-----|----|
| leg. | Diat. | No. | 9/ |

| CERTIFICAT | TE OF DEATH Reg. Diat. No. |
|--|--|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
| Junie M. France | 3. (b) Social Security Number |
| 8.(a) Single, married, widowed, or divorced 8.(b) Name of husband or wife Red Lander of husband | MEDICAL CERTIFICATION 20. DATE OF DEATH |
| 7. Birth date of deceased (mo., day, yr.) (at a large of deceased (mo., day, yr.) (at | and tival I last saw how alive on the same of the same |
| 9. Birihplace (Town, county, and state) 10. Usual occupation (Town, county, and state) 11. Industry or business | Oue to |
| 12. Name Standard tast tast and 1. 13. Birthplace Mary Can'd Shift holder of the standard of t | Other conditions (Include pregnancy within 3 months of death) Major fieldings of operations. |
| 16, Informant West Debil who provided Address Banase Lessage | Actors results |
| 17. (Burial, cremation, or/remoyal/Which?) Cemelery or crematory Complete the com | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide |
| Location Add Local Land Land Land Land Land Land Land Land | Injured at home, farm, Industry, public place (where?) Means of Injury Trijured at work? |
| 19. April 19. 19. 19. 19. Registrar | 23. SIGNATURE M. D. or other Address Dale signed 4-19-4-4 |

RESERVED FOR BINDING MARGIN

WRITE PLAINLY, is especially

PLEASÉ

A15



CERTIFICATE OF DEATH

03752

| 1. PLACE OF DEATH: County C | | 2411 N. Charl | es St., Baltimore 85 | 03752 |
|--|--|-----------------------------------|---|--|
| County City or team. City or team. | | CERTIFICAT | TE OF DEATH | Reg. Diat. No. 74 |
| City or town of the continuity, write RUNAL and were necessat town) States. City or town limits, write RUNAL and were necessat town) Household edity or town limits, write RUNAL and give nearest town) Household first of dealth? Household first or dealth or street polaric plants or classed. States of dealth or the dealth and give nearest town) States. City or town [1] plants or type RUNAL and give nearest town) States. City or town [1] plants or type RUNAL and give nearest town) States. City or town [1] plants or type RUNAL and give nearest town) States. City or town [1] plants or type RUNAL and give nearest town) States. City or town [1] plants or type RUNAL and give nearest town) States. City or town [1] plants or type RUNAL and give nearest town) States. City or town [1] plants or type RUNAL and give nearest town) States. City or town [1] plants or type RUNAL and give nearest town) States. City or town [1] plants or type RUNAL and give nearest town) States. City or town [1] plants or type RUNAL and give nearest town) States. City or town [1] plants or type RUNAL and give nearest town) States. City or town [1] plants or type RUNAL and give nearest town) States. City or town [1] plants or type RUNAL and give nearest town) States. City or town [1] plants or type RUNAL and give nearest town) States. City or town [1] plants or type RUNAL and give nearest town) States. City or town [1] plants or type RUNAL and give nearest town) States. City or town [1] plants or type RUNAL and give nearest town) States. City or town [1] plants or type RUNAL and give nearest town) States. City or town [1] plants or type RUNAL and give nearest town) States. City or town [1] plants or type RUNAL and give nearest town) States. City or town [1] plants or type RUNAL and give nearest town) States. City or town [1] plants or town [1] plants or type RUNAL and give nearest town) States. City or town [1] plants or type RUNAL and give nearest town) States. City or town [1] plants or type RUNAL and give nearest town | 1. PLACE OF DEATH: | | 2. USUAL RESIDENCE (HOME | E) OF DECEASED: |
| City or team. (If possible city or town limits, write NURAL and give nearest town) Rev long in above flue of destal? If the subject of sub | County. January | 7 | WIL. | Musall |
| Street No. (If purel, settleton, or steet identity or town limits, write littical out give ensecat cown) (If purel, settleton, or steet identity or town limits, write littical out give ensecat cown) (If purel, settleton, or steet identity or town limits, write littical out give ensecat cown) (If purel, settleton, or steet identity or town limits, write littical out give ensecat cown) (If purel, settleton, or steet identity or town limits, write littical out give ensecat cown) (If purel, settleton, or steet identity or town limits, write littical out give ensecat cown) (If purel, settleton, or steet identity or town limits, write littical out give ensecat cown) (If purel, settleton, or steet identity or town limits, write littical out give ensecat cown) (If purel, settleton, or steet identity or town limits, write littical out give ensecat cown) (If purel, settleton, or steet identity in the littical out give ensecat cown) (If purel, settleton, or steet identity in the littical out give ensecat cown) (If purel, settleton, or steet identity in the littical out give ensecat cown) (If purel, settleton, or steet identity in the littical out give ensecat cown) (If purel, settleton, or steet in the littical out give ensecat cown) (If purel, settleton, or steet in the littical out give ensecat cown) (If purel, settleton, or steet in the littical out give ensecat cown) (If purel, settleton, or steet in the littical out give ensecat cown) (If purel is extracted in the littical out give ensecat cown) (If purel is extracted in the littical out give ensecate cown) (If purel is extracted in the littical out give ensecate cown) (If purel is extracted in the littical out give ensecate cown) (If purel is extracted in the littical out give ensecate cown) (If purel is extracted in the littical out give ensecated course and the littical ou | City or town | RURAL and give nearest town) | State | _ County |
| Siret No. (If rural, give LOCATION) | | 3 mr 27,da | City or town (if putside city or town) | limits, write RURAL and give nearest town) |
| type long in hospital matitulian? 3. (a) FULL DAME 4. Set 5. Color or race 6. (a) Single, magning, widowed, or structed 4. Set 5. Color or race 6. (a) Single, magning, widowed, or structed 6. (b) Name of husband or wife. 6. (c) It tolice, give age 7- Early 8. AGE: Tears 7- Rominy 8. AGE: Tears 9. Birthplace (Town, county, and state) 10. Usual occupation. 11. Inductive or hydrolog 12. Burdelland 13. Antiden my findings 14. Marken my findings 15. Birthplace 16. Inductive or hydrolog 17. Birthplace 18. Inductive or hydrolog 19. Set of open country and states | Hospital institution, or street address where thath Oceanna | - 1. H. 1. T. | | |
| 3. (a) FULLINAME 4. Set 5. Color or race 6. (a) Single, mayied, indewed, of deveed 4. Set 7. Birth date of husband or wife 8. (c) If after, give age 9. Second (no., day, vi.) 10. Burt of beath accorded on linguistic above states; that altered agrees of term 10. Usual occupation. 11. Indextry or typings 12. Set Mandal Companies 13. Birthplace 14. Mulden paper and that lists tare home and the lists than one day 15. Birthplace 16. (a) Single, mayied, indewed, of developing that above states; that altered agrees of term 16. (a) Fine green age. 17. Birth date of usual above states; that altered agrees of term 18. AGE: Years Munthy 19. Set of death 19. Set of op. 19. Authory results. 19. Set of op. 19. Set of op. 10. Wasier findings of operations. 10. Wasier findings of operations. 10. Set of op. 10. Set of op. 11. Set of the death was due to external causes, fill in the following: decident, suicide, or homicide. 10. Bate of moments of control of the contr | Springfille XI | are from | | 1/ |
| 4. Sex | | Jons Jan | 2.(a) If veteran, name war | |
| 8. (b) Name of husband or wife 8. (c) If thire, give age 21. I CERTOR that death accorded on the fact of the ceased (no. 42, yr.) 18. AGE: Years Monthy Days Iffices than one day 9. Birthplace (Town, county, and state) 10. Usual occupation. 11. Infactor or beington 12. Major findings of operations. Date of op. Antepay results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 12. Violence: If death was due to external causeo, (ill in the following: 13. Bringhout County (County) Cemetary or emplayer. Cemetary or emplayer. Location County (County) Location County (County) Location County (County) Injured at work? Manans of lightry Injured at work? | 3.(a) FULL/DAME | thel May | Halker | 3. (b) Social Security Number |
| 8. (6) Name of husband or wife 8. (6) If plive, give age years deceased (mo. 5xy; y) 8. AGE: Years Monthly 9. Birthplace (Town, county, and state) 10. Usual occupation 11. Indeptive or Volingts 13. Birthplace (Town, county, and state) 14. Maiden any March | 4. Sex 5. Color or race 6.(a) Sing | ie, married, widowed, or stvorced | MEDICAL | CERTIFICATION |
| 8. (6) Name of husband or wife 8. (6) If pline, gire age years deceased (mo. day; yr) 8. AGE: Years Months Days It less than one day 9. Birthplace (Town, county, and state) 10. Usual occupation 11. Indeptive or bylings 12. Angelly and the pregnancy within 3 months of death) 13. Birthplace (Inclinde pregnancy within 3 months of death) 14. Maiden name of husband or wife 15. Birthplace (Inclinde pregnancy within 3 months of death) 16. Inhabitation or repayar. Which is the following: 17. Birthplace (Inclinde pregnancy within 3 months of death) 18. Funeral director (County) (State) | Q7 W Q | Imple | 20 DATE OF DEATH AMA | 1/21/1948 2-00 |
| 8. AGE: reary Months Day: If less than one day 9. Birthplace | | 1,- | | |
| and that last saw how always on the followings: 8. AGE: Years Month Days If less than one day 9. Birthplace | | , | Weel both | 7 6 / 1 / 17 |
| Secretary Month Bays 11 less than one day 13 Birthplace 12 Month 15 Birthplace 14 Maiden payed Market 15 Birthplace 16 Inflatory 17 Cemetery of compatory 18 Funeral directory 19 Cemetery of compatory 19 Cemetery 19 Ceme | | (c) If alive, give ageyears | and that I last saw h | april 12 19.5 |
| 9. Birthplace | deceased (mo., day, yr.) | 2-1911 | Immediate cause of death | DURATIO |
| 9. Birthplace (Town, county, and state) 10. Usual occupation. 11. Inductry or bysings 12. Mod Multiplace (Inclinde pregnancy within 3 months of death) 13. Birthplace (Inclinde pregnancy within 3 months of death) Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Injured at work? | 8. AGE: Years Months Bays | If less than one day | De la la | A f |
| 9. Birthplace (Town, county, and state) 10. Usual occupation. 11. Inductry or beingts 12. Now Address 13. Birthplace 14. Maiden name of the conditions (Incinde pregnancy within 3 months of death) 15. Birthphace 16. Infactory results. 17. (Burial, cremation, or removal, Which?) 18. Funeral director (City or town) 19. Date thereof (month) (day) (year) 19. Howard at work? 19. Howard at work? | 39 1 23 | hrs min. | Status Chill | fullet 300 |
| 11. Inductry or bysings 12. Name Address 13. Birthplace 14. Malden now Address 15. Birthplace 16. Infly Samuel Address 17. Cemetery or remayar. Which? 18. Funeral director. Address Ad | 9. Birthplace | | Due to | |
| 11. Inductry or beinges 12. North Major findings 13. Birthplace 14. Maiden name of death) 15. Birthplace 16. Information or removal. Which? Cemetery or crematory Cemetery or crematory Cemetery or crematory Location 18. Funeral director Address | . / | of and | G., | 07 |
| 12. New John Strippiace 14. Malden nand John Strippiace 15. Birthplace 16. Integrated Strippiace 16. Integrated Strippiace 17. Burfal, cremation, or removal. Which? 18. Eucation Strippiace 19. The strippiace Strippiace 19. The strippiace Strippiace Strippiace 19. The strippiace Strippiac | 0 0 1 | 11 | Due to | Ly y |
| 13. Birthplace 14. Malden non- 15. Birthplace 16. Influence of op. Address 17. (Burial, cremation, or removal. Which?) Cemetery or crematory Cemetery or crematory Cemetery or crematory Cemetery or crematory Address Address Address Address Address Address Address Accident, suicide, or homicide. Injured at home, farm, industry, public place (where?) Injured at work? Major fiadings of operations. Major fiadings of operations. Bate of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? | 11. Inductry or busines | allate) | | |
| 14. Maiden non 15. Birthplace 15. Birthplace 16. Inflates | E VAL 1 | 7-101 | Other conditions | |
| Solution State of op. Antopsy results. Physician: Date of op. | 13. Birthplace | Many Cy | (Incinde pregnancy with | nin 3 months of death) |
| Antopsy results. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of | H 14. Maiden nand | 1 carman | Major findings of operations | *************************************** |
| Address PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Bate of Where did injury occur? | El 15. Birthplace | 1-010 | | |
| Address 17. Burial, cremation, or removal. Which? Cemetery or rematory Location Location Location Address Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Address Address Address Address Address Address Address Address Accident, suicide, or homicide. (City or town) (County) (County) (State) Injured at work? | 16. In 1994 Ally 9 | affect, | Antopsy results | to I and about he should statistically |
| Date thereof (month) (day) (year) Cemetery or rematory Location Location The funeral director Address 300. 4th 1th E Weshungen 30 County County (year) Accident, suicide, or homicide | Address Mittellen | le mol | | |
| (Burial, cremation, or removal. Which?) Cemetery or rematory Location Location The County | Date the | april 15th /94 | | |
| Location Live ce Leonge Co Injured at home, farm, Industry, public place (where?) 18. Funeral director Live See Source Co Address 200, 4th 12 N E Workington 2 Company Mastern M.C. | (Burial, cremation, or removal. Which?) | (month) (day) (year) | | |
| 18. Funeral director of the state of the sta | Cemetery or crematory | | | |
| Address 300 4th st n E Washington DC, Washington SU. | Location Turace Leon | ga, co | Injured at home, farm, industry, public pla | |
| Address 300/ 4th st n E Washington DC, Mastin MC. | 18 Funeral director & Word Nee | Sous W. | Means of Injury | Injured at work? |
| On CONSTRUCT A CONTRACT OF THE | 26/11/2 18 30 = | Warken line) | OC. XIVIXI | 17. 1010. |
| als 13 with any the Ill Ill 4. 11/19/19 | Audress Of The Control of the Contro | 1/ V | 23. SIGNATURE | M. D. orgyther |
| (Data regid by registrar) | 19. apr 13 1948 Co | Your / see | Address In helse | 1/12 Miles ign 1/2/4 |

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15.

APR 14 1948

RUPEAU V. S.

| M | ADVI | AND | CTATE | DEPARTMENT | OF | MEALT |
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| IAI | AKIL | .ANIJ | SIAIR. | DEPARTMENT | UP | Hr.Al. I |

2411 N. Charles St., Baltimore

03753

CERTIFICATE OF DEATH

| 17 | U | - | 13 | U |
|----|---|---|----|---|
| | | | | |

Reg. Diat. No.....

| 1. PLACE OF DEATH: County Garroll City or town Henryton, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 month 15 days | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give near | |
|---|---|---------------|
| Hospital, Institution, or street address where death occurred: Haryland Tuberculosis Sanatorium How long in hospital or institution? Colored Branch, Henryto | Sireet No. 1224 Pennsylvania Ave. | |
| 3. (a) FULL NAME | 3. (b) Social Security N | |
| William Henry Scott 1 | Vallington 215-16-002 MEDICAL CERTIFICATION | Δ |
| male col Single | 20. DATE OF DEATH April 1 19 48 | 7:50 |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended decea December 17 19 47 10 April | |
| 7. Birth date of | and that I last saw h. imalive on April 1 | |
| deceased (mo., day, yr.) June 24, 1924 | Immediate cause of death | DURATION |
| 8. AGE: Years Months Days If less than one day 23 9 8hrsmin. | Pulmonary Tuberculosis | Octobe |
| 9. Birthplace Baltimore Maryland (Town, county, and state) 10. Usual occupation Clerk 11. Industry or business 12. Name William Wallington | Due to | |
| 12. Name | Other conditions (Include pregnancy within 3 months of death) | |
| 14. Maiden nameHattie Scott 15. Birthplace Unknown | (Include pregnancy within 3 months of death) Major fiadiogs of operations | |
| 16. Intermant De.ce.a.sed | Autopsy results | |
| (Burial, cremation, or removal. Which?) Cemetery or crematory Agriculus Mega. | 22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide | (State) |
| Location Arbulus Med. | Injured at home, farm, industry, public place (where?) | , |
| 18. Funeral director details and director details and | 23. SIGNATURE RADON CONFINENCE ON D. D. | or other |
| 19. April 1 19 48 Aller San Registrar | Address Henryton, Maryland Date signed | 4 / 1 / 4 () |

RECEIVED

APR 2: 1948

age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

| CERTIFICAT | Reg. Dist. No. |
|---|--|
| 1. PLACE OF DEATH: Carroll | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Carroll |
| City or town | City or town. (If outside city or town limits, write RURAL and give nesrest town) |
| Hospital, Institution, or street address where death occurred: | Street No. (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If yeteran, name war |
| 3. (a) FULL NAME MARGARET A. TRAC | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Temale While Wildowed | MEDICAL CERTIFICATION 2D. DATE OF DEATH. Opril 9 1948, at 11:45 P. M |
| 6.(b) Name of husband or wife. William H. Werty S.(c) It alive, give age. years | 21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from 19.7. to 19.7. to 19.7. |
| 7. Birth date of deceased (mo., day, yr.) Opril 9, 1875 | Immediate cause of death a DURATION |
| 8. AGE: Years Months Days It less than one day | Generalized Careinomatosis |
| 9. Birthplace(Town, county, and state) | Due to Frimary Care invona Ovary. |
| 1D. Usual occupation Home Seasfur | Due to |
| 12. Name John W. Tracy 13. Birthplace Mc | Diher conditions |
| 14. Maiden name Margoust Westy 15. Birthplace 7. Sirthplace | (Include pregnant) within 3 months of death) Major findings of operations. (ACCINOMIN. OURLY - ACUSE APPENDICITIS |
| 16. Informant Mrs. Samuel W. Warner | Autopsy results |
| Address Burial Barrial Bate Bate | 22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide |
| Cemetery or crematory Something Trees | Where dld injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) |
| 18. Funeral director Allerth 9 Son | Means of Injury Injured at work? |
| Address Glen Rock, Oa. Der. H.C. Seijok | 23. SIGNATURE Deigh E. Bush W.O. |
| 19. Abv. 10 1949 Mas. H. J. Demu (Dite rec'd by registrar) Registrar | Address James atral med Bate signed 410-48 |



2411 N. Charles St., Baltimore

03755

| TRATI | FIC | ATE | OF | DE | ATL |
|-------|-----|-----|----|----|-----|

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|--|--|
| Count 1 Canty Can | (For newborn infants give residence of mother) |
| City or town | State |
| liow long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, institution, or street address the elevath scound: | A Street No. |
| Shringfille Sifall Sorfie | (If rural, give LOCATION) |
| New long in hospital of institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | 2. L 3. (b) Social Security Number |
| Vaul HT | hit comb. |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| M. W. Tursle | 20. DATE OF DEATH. And 3 d 18 48 , at 6 46 . |
| | 21. LOERTIFY that death occurred on the date above stated; that attended deceased from |
| 6.(b) Name of husband or wife | June 27 1032 Mr 34. 1048 |
| 7. Birth date of | mears and that I last saw harmelive on affile 3 de 18.45 |
| deceased (mo., day, yr.) Unul / st. /9/8 | Immediate cause of death DURATION |
| 8. AGE: Years Months Days If less than one day | A A A |
| 301 - 2hrs. | |
| Baltie Co | Due to. |
| 9. Birthplace (Town, county, and state) | 0 1 |
| 10. Usuai occupation | Busto Chilensy 28 min |
| 11. Industry or Misiness | |
| | Other conditions |
| | |
| | (Include pregnancy within 3 months of death) |
| 14. Maiden northweil K k ulhl | Major findings of operations |
| E 15. Dirthplacon of Pennett land | Date of op. |
| 16. Informant of hour of the the country | Antopsy results. |
| Address hutterentle and | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Buil april 6-4 | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, cremation, or removal. Which?) Date thereof (month), (day) (year | Accident, suicide, or homicide |
| Cometery or crematory Kinsterstours Methodis | Where did injury occur? |
| Restraction Batto Co. | Injured at home, farm, Industry, public place (where?) |
| Location | Means of Injury Injured at work? |
| 18. Funeral director. J. F. Line . Home | 0,000 11 1- 0 1 |
| Address Venslistour Md. | M. H. Mastin M.K. |
| 10 abril 6 1948 G. Harry Elser | 23. SIGNATURE M. D. of other 1 |
| | legistrar Address Alla Malla Malla Date signed 3 / 4 / |

PERASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The description is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

1000

APR 7 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

2411 N. Charles St., Baltimore 78 CERTIFICATE OF DEATH

03756 Reg. Dist. No. 2#

| 1. PLACE | | | | | | 2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n | DECEASED: | |
|------------------------------------|--|---|------------------------|---|---|--|--|-----------------------|
| | | | | | *************************************** | State Maryland Coun | y Allegany | |
| How long in ab Hospilai, Instit | ove place of d ution, or stre | de city or town li eath? 7 yea et address where State Ho | death occurred | | own) .ay.s | Cily or town Cumberland (If outside city or town limits, Street No. 750 Maryland Ave. | , write RURAL and give ne | earest town) |
| | | | | 1 months, 3 | days | 2.(a) If veteran, name war | | V |
| 3. (a) FULI | | | | | | | 3. (b) Social Security | Number |
| | | verton | | | | | J. (o) Bucial Becality | Number |
| 4. Sex male | 5. | Color or race White | | e, married, widowed, or divorce ried | ed | MEDICAL CE | RTIFICATION 19.48 | .,a. 12:45pı |
| 6.(b) Name of | hiseband or w | | | rton :) If alive, give ageunk | n.ayears | 21. I CERTIFY that death occurred on the date abov September 1 19 19 and that I last saw him | e stated; that I attended deco | eased from 9 19 48 |
| deceased (n | no., day, yr.) | June 3, | 1011 | | | Immediate cause of death | | |
| 8. AGE: | Years 70 | Months 10 | Days 16 | If less than one day | min, | Arteriosclerosis | | |
| 1D. Usual occ | upationC.2 | rpenter | | tate) | | Due to | | |
| 12. Name 13. 8irths | Charl | es Wolve | erton | | | Other conditions Arteriosclerot | | |
| ~ | en nameC | ginia Laroline | Day | | | myocardial changes & Chronic (Include preparety within 3 m Major findings of operations. Amputati | onths of death) | Many yrs |
| 15. 8irth; | place Vir | ginia | | | | gangrenous leg | | |
| Address 17(Burial, cr Cemetery of | Sykes Sykes emation, or crematory Cult lirector Cult | demond Which? | Date there beela Secre | (month) (day) (| /148 year) | Actopsy resolts PHYSICIAN: Please ouderline the cause to whi 22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide | (County) ich death should be charged ich de | statistically. |
| 19. UTV | . 17 | 19 H 8 | C | Harry We | Rocietror | Sykesville, Marvl | | |

APR 22 1948

BUREAU V. S.

CERTIFICATE OF DEATH

| 2411 N. Cha | arles St., Baltimore 83 | 17.00 |
|---|---|---|
| CERTIFICA | ATE OF DEATH Reg. Dist. No | 9 |
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give near Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. | V |
| 3. (a) FULL NAME | 3. (b) Social Security N | lumber |
| 4. Set 5. Color or race B.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 194.8 | 12:45/ |
| 6.(b) Name of husband or wite Clara & Trylie | 21. I CERTIFY that death occurred on the date above stated; that I attended decean | |
| 7. Birth date of deceased (mo., day, yr.) Field. 26 - 1885 | | 19 19 |
| 8. AGE: Years Months Days It less than one day 21 | D. C. | |
| 9. Birthplace Janeville Ohio (Town, county, and atate) | Due to | |
| 11. Industry or business, Teed Dusiness | Due to | *************************************** |
| 12. Name It illering T. It your 13. Birthplace Vermont | Dther conditions | .,,. |
| 14. Maiden name Ochknown 15. Birthplace | (Include pregnancy within 3 months of death) Major findings of operations. | |
| 16. Informant The alder It They are | Antopsy results | statistically. |
| Address 17 Surial, cremation, or removal. Which?) Bate thereof fixed 22 - 1xy (Burial, cremation, or removal. Which?) | 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide | |
| Cemetery or crematory Grallmans unt Compared | Whers did Injury occur? | (State) |
| 18. Funeral director due a. B. accunestic | Means of Injury Injured at work? | 0 |
| Address Mock, /a. | 23. SIGNATURALIST Thank Deputy Thelien | Geramis or other |
| (Vate ree'd by registrar) (Pate ree'd by registrar) Registr | rar Address Pux Date signed | 4/19/4 |

MARGIN RESERVED FOR BINDING

SA

APR 24 1948
BUREAU V. S.